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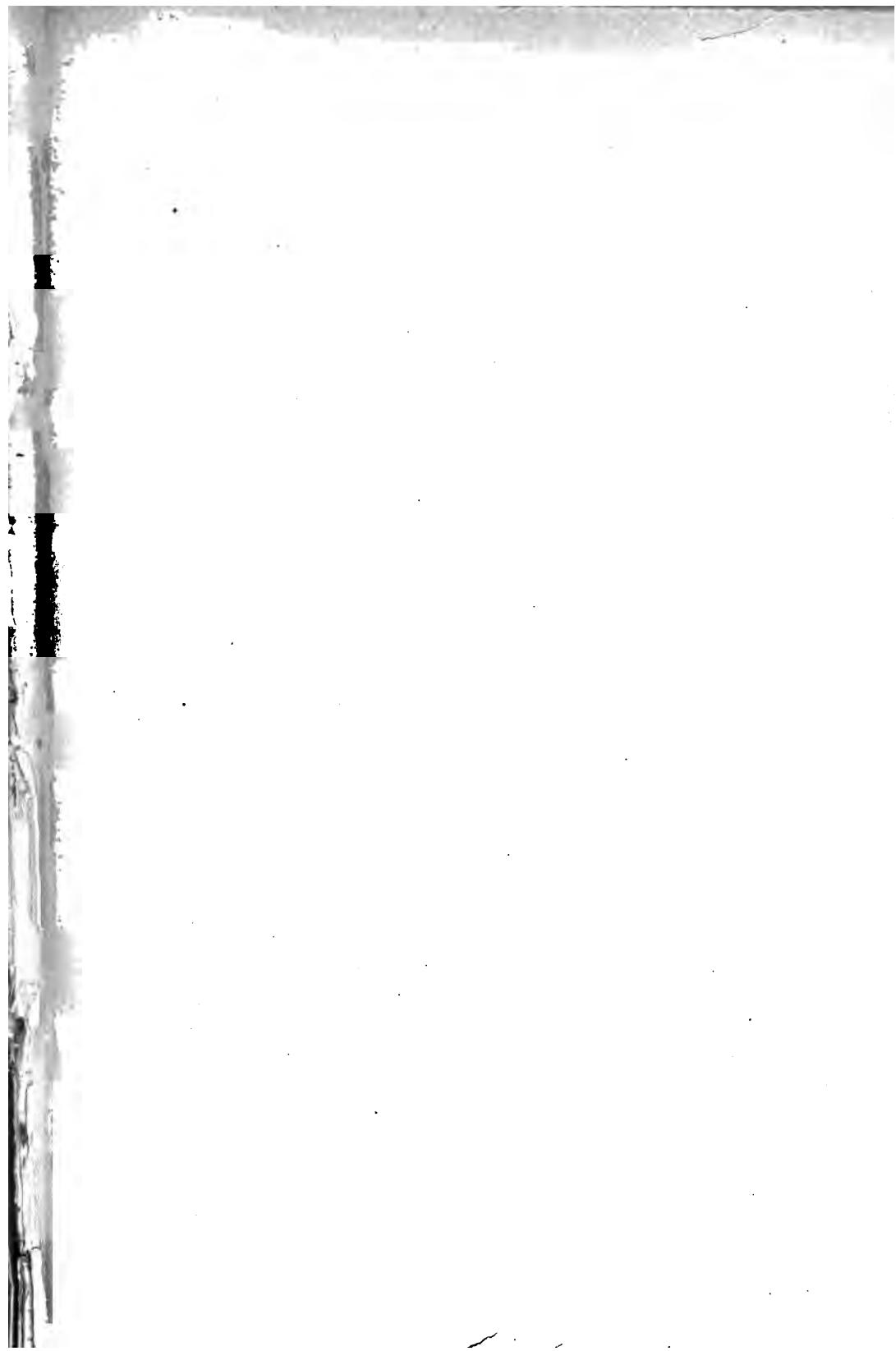
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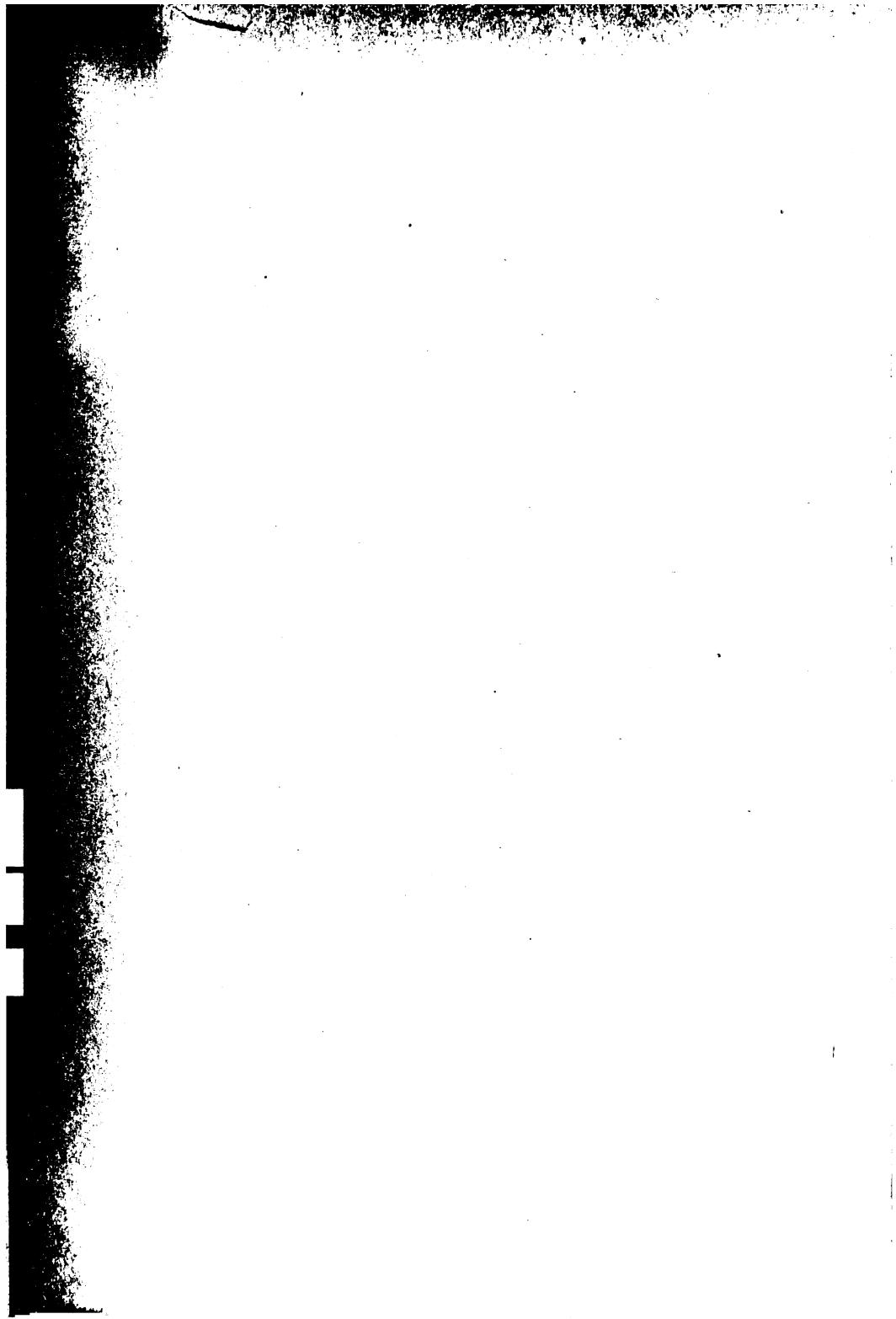
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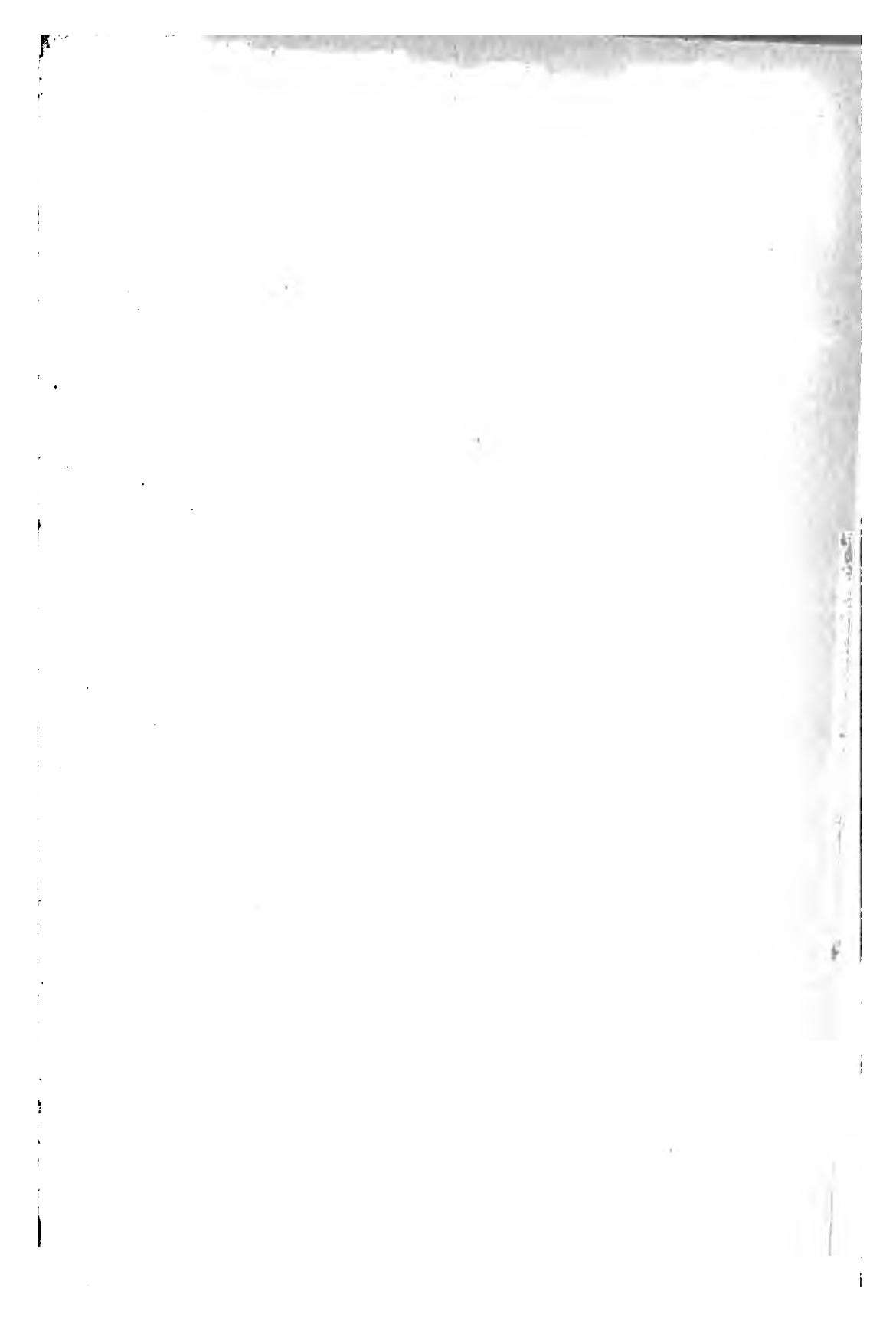
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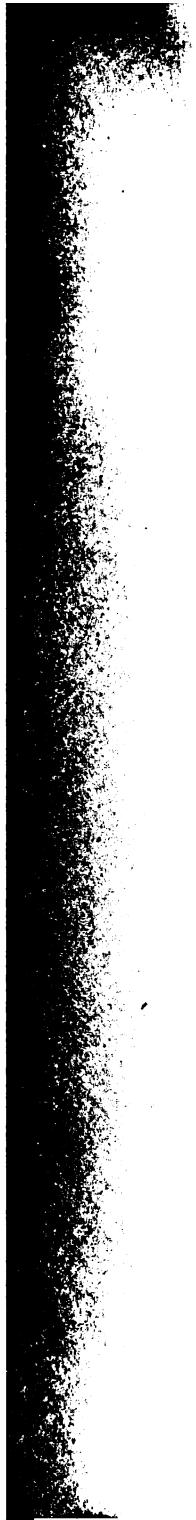
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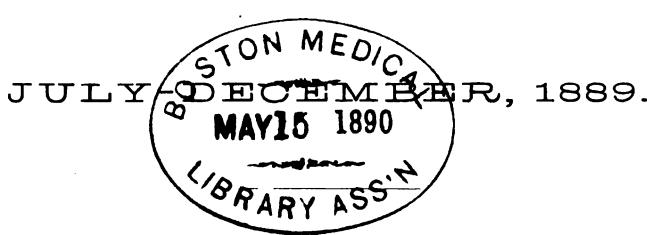






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LIST OF ILLUSTRATIONS.

Fig.		Page.
1.	The King Microtome.....	46
2.	Horny Growths of Sheath of Penis.....	48
3.	Nævoid Elephantiasis.....	49
4.	Acephalobrachus.....	62
5.	Shaw's Suspension Apparatus.....	93
6.	Same as used for Weighing	93
7.	Malformation of œsophagus.....	129
8.	" " "	129
9.	" " "	129
10.	" " "	129
11.	" " "	129
12.	" " "	129
13.	Case of Elephantiasis.....	235
14.	Continuous Suture for the Intestines.....	254
15.	Case of Keloid.....	303
16.	" "	304
17.	Leviseur's Needle Holder.....	373
18.	Suborbital Cyst.....	377
19.	Segmented Rubber Ring.....	386

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INDEX TO VOLUME LVII.

A

Abcesses, Pelvic, Treatment of, 323
Abcess of Anterior Mediastinum, 384.
Absinthe, Action of, 315
Acephalobrachus, 62
Acne, Keloidal, 169
Acne, Treatment of, 119
Alienates, Some Notes on the Gynaecological Affections of Mental, 35
Alkaline Methylene Blue, 397.
American Public Health Association, 268
American Rhinological Association, 268
American Society of Microscopists, 112, 299
Amplification, Determination of Exact and Approximate, 369
Antifermenting Powder, 58
Anhysteria completa, 310
Apparatus Home-made, 369
Aspergillus of the Anus, 62

B

Bacillus Tuberculi, Improved Method of Staining, 232
Bacteria, flagellate, 300
Bacteriology not of German but of French Origin, 44
Beef-tea Fallacy, The, 79
Black-eye, to prevent, 307
Black-mailing in London, 138
Blame where it belongs, Put the, 364
Blennorrhœa, the Term a Misnomer, 306
BOOK REVIEWS:
Bourneville.—*Recherches cliniques*, 260
Buck.—*Diseases of the Ear*, 65
Davenport.—*Diseases of Women*, 191
Gairdner.—*Physician as Naturalist*, 258
Hirst.—*Obstetrics*, 257
Holland.—*Urine, Poisons, Milk*, 261

Holmes.—*Surgery*, 256
Hurd.—*Morphia Disease*, 134
Liebig.—*Electricity in Medicine and Surgery*, 195
Manton.—*Zoology Teaching*, 258
Money.—*Practice of Medicine*, 64
Morris.—*Materia Medica*, 261
Morrow.—*Atlas of Venereal and Skin Diseases*, 64, 132
Parvin.—*Obstetric Nursing*, 260
Playfair.—*Midwifery*, 389
Sajous.—*Annual Universal Med. Sciences*, 387.
Smith.—*Physiology of Domestic Animals*, 192
Strahan.—*Extra-Uterine Pregnancy*, 192
Symonds.—*Chemistry*, 255
Taylor.—*Atlas of Venereal and Skin Diseases*, 390
Trans. Am. Orthop. Ass., 190
Trans. South. Surg. and Gyn. Ass., 190
Trench.—*English in Past and Present*, 134
Valk.—*Errors of Refraction*, 131
Wood.—*Nervous Syphilis*, 260
Young.—*Anatomy*, 190
Boy with a Tail, 68
Brain Surgery, 70
Bremer, L. Landry's Paralysis, 30
Bright's Disease, Treatment of, 380
Brown-Séquard's Discovery, 163
Bubo, The Soziodelates in, 178

C

Cæsarian Section, an Important Method of, by Lewis G. Tandy, 108
Calculus, Vesical, Choice of Operation for, 324
Calculi, Vesical, Removal of, 72
Carcinoma Uteri, 320
Carson, N. Bruce, Coecitis or Appendicitis, 223
Catgut Mats for Intestinal Anastomosis, 63

Chancres, Soziodolates in, 178
 Cholelithiasis, Diagnosis and Treatment of, 55
 Chloroform in Epidemic Diseases 314
 Chronic Endocarditis, 270
 Clinical Reports, 38, 104
 Clitoris, Epithelioma of, 383
 Cecitis or Appendicitis? Carson, 217
 Coles, Walter, Puerperal Pyemia, 97
 Collective Investigation Committees, 205
 Connection during Pregnancy, 139
 Corneal Cells, Isolation, Staining and Mounting of, 44
 Correspondence, 108, 159, 292
 Cough, Snuff for Convulsive Hysterical, 380
 Crab-lice in Eye-lashes, 234
 Creoline Enemata in Dysentery, 54
 Cutaneous Sporospermism, 47
 Cuts in the Sclerotic, 121
 Cysts, Dermoid, of Digits, 187

D

Dermatitis, New Form of Pustular, 373
 Dermatology and Genito-Urinary Diseases, 47, 118, 169, 234, 301, 371.
 Dermoid Tumor of Cornea—Removal of, 308
 Diseases of the Eye and Ear, 50, 121, 171, 237, 305, 374
 Diseases of Women and Children, 62, 131, 185, 251, 319, 383
 Dislocation of Hip, Congenital, 381
 Dysentery, Creoline Enemata in, 54

E

Ear, To what Extent should the, be Syringed? 374
 Elephantiasis, Nævoid, 48
 Emergency Hospital, Beaumont College, 272
 Emulsion, Linseed oil, 182
 Enemata, Cold, Physiological Action of, 309
 Epithelioma of Clitoris, 383
 Ergosterine, 59
 Erysipelas, White-lead in, 314
 Erythema following Internal use of Turpentine, 47
 Euphrasia Officinalis, 378

Excerpts from Russian, Bohemian, Polish and Bulgarian Journals, 53, 123, 175, 241, 309
 Extirpation of Uterus, 187
 Extrophy of Bladder, Radical Case of, 384

F

Faith Cure, A victim of, 266
 Flags to Announce Confinements, 137
 Foetus, Birth of a dead and of a living, 319
 French, Pinckney — Ulcers, A Clinical Lecture, 215
 Funnel-chest, 318

G

Galbraith, T. S. Some Notes on the Gynaecological Affections of Mental Alienates, 35
 Gangrene of Intestine, Treatment of, 385
 Glanders, Mercury in, 55
 Gonococci, Staining and Detection of, 44
 Gonorrhœa, Nitrate of Silver in, 372
 Gross Prize, The, 267
 Growth of Body to its Organs, Relation of, 382
 Guhman, N., Summer Diarrhœa and Dysentery of Children, 209
 Gummata of Velum Palati, 372
 Gynaecological Affections of Mental Alienates, by T. S. Galbraith, 35

H

Hæmorrhage, Fresh, into Vitreous Chamber, 50
 Hernia, Umbilical, in Infants, 321
 Herpes Circinatus, by Wm. Henry, 109
 Herpes Zoster, Atypic, 118
 Hubbard, Jas. F. Report of a Case of Myxoedema, with Comments, 104
 Hip, Congenital Dislocation of, 381
 Horny Growths of Sheath of Penis, 48
 Hot-air Inhalations in Tuberculosis, 267
 Hydrophobia, 79
 Hyphogenic, Coccogenic and Bacillogenic Sycosis, by P. G. Unna, 81
 Hysterical Blindness in the Male, 51

I

Idelson, Valerius, Excerpts from Russian Bohemian, Polish and Bulgarian Journals, 53, 123, 175, 241, 309

Ignorance, or Malice? 109

Impetigo Capillitum, 301

Inguinal Colotomy—Technique of, 324

Inosite in the Urine, 382

Intestinal Anastomotic Operations, 385

Intestine, Treatment of Gangrene of, 385

Iodide of Potassium, Peculiar Susceptibility to, 305

Iodol in Venereal Diseases, 56

J

James, Frank L., Lithium in Mineral Waters, 24

James, F. L., Microscopy, 44, 113, 165, 231, 298, 369

K

Keloidal Acne, 169

Keloid, consequent upon burns, a case of, 302

Kidney, Pneumococcus in the, 327

L

Labyrinth, Diseases of, 122.

Landry's Paralysis, by L. Bremer, 30.

Larvated Malarial Fever, 54.

Left-leggedness, 316

Leprosy, Cure of, 118

Leucorrhœa, Injection for, 381

Literary Notes, 66, 133, 193, 260, 326, 391

Lithium in Mineral Waters, by Frank L. James, 24

Local Medical Matters, 80, 207, 271, 335

Lutz, Frank J., Surgical Observations during a Vacation Visit to German and French Hospitals and Clinics, 273, 348

M

McKee, E. S., Treatment of Sterility in Women, 337

Magnesium Sulphate as an Enema, 379

Malarial Fever, Physical Symptoms of, 311

Marine Glue, Liquid, 298

Mastitis, Puerperal, 383

Mastitis, Suppurative, in Pregnancy, 125

Medical Journals, 68

Medical Journal Trust, 143

Medical Progress, 58, 128, 180, 247, 314, 378

Melange, 67, 136, 197, 265, 332, 394

Menstruation, Early, 304

Mercury in Glanders, 55

Methyl-Mercaptan in Human Intestines, 313

Microscopy, 44, 113, 165, 231, 298, 369

Microtome, The King, 45

Mineral Waters, Lithium in, 24

Modern Fountain of Youth, 111

Morphine, A New Source of, 58

Mortality and Vital Statistics of the U. S., 71

Mott, Alex. B., Death of, 197

Mytilotoxin, 61

Myxœdema, Report of a Case with Comments, by Jas. F. Hibbard, 104

N

Naupathia, Pathology of, 61

Needle Holder, New, 373

New Quarantine Station, 69

Nitrate of Silver in Gonorrhœa, 372

Nitric Acid in Urine, 60

O

Objectives, Dr. Pelletan on American, 45

Oesophagus, Malformations of, 129

Ohmann-Dumesnil, Dermatology and Genito Urinary Diseases, 47, 118, 169, 334, 301, 371

Otitis Externa, etc., 375

Otitis, Suppurative, Peppermint Oil in, 54

Otorrhœa, Strong Solution of Nitrate of Silver in Stubborn, 50

Overpressure, Educational, Biological Effects of, 123

P

Patella, Fractured, New Operation for, 63

Pathological and Physiological Notes, 60, 129, 183, 250, 315, 381

Pectoral Muscles, Congenital, Absence of, 312

Peppermint Oil in Suppurative Otitis, 54

Phosphorus in Rachitis, 125.
 Phthisis, Creosote in, 181
 Pilary Folliculitis, Treatment of, 181
 Pilocarpine in Icterus, 124
 Pilocarpine, Physiological action of, 315
 Plagiarisms, Small, 368
 Prevention of Consumption, Rules for, 138
 Protoplasm, 113
 Pruritus Ani, 60
 Psoriasis and Purpura Rheumatica, 302
 Public Health Association, American, 268
 Puerperal Mastitis, 383
 Puerperal Pyemia, by Walter Coles, 97
 Purée of Raw Meat, 59

Q

Quinine, Alarming effects of, 177

R

Railway Spine, 73
 Resorcin in Whooping Cough, 379
 Retina, Disease of, Distortion of Objects due to, 338
 Rhrinological Association, American, 268
 Rot, unadulterated, 268
 Ruptured, Paturient Uterus, 383

S

Saliva, Chemistry of the, 317
 Saliva, Infant, Diastatic Power of, 320
 Screw-worm in Russia, 175.
 Septicæmia Neonatorum, Causes of, 246
 Shaw, Alexander B., Suspension in the Treatment of Affections of the Spinal Cord, 17, 90
 Sheperd's Purse in Hæmorrhage, 123
 Shotwell, W. B., Radical Cure of Fistula in Ano and Hæmorrhoids, 159
 Shuttle Pulse, Hughes, 229
 Simple Cures, 75
 Society Proceedings, 327
 Spermatozoa, Shape of Human, 299
 Spinal Cord, Suspension in the Treatment of Affections of the, 17, 90
 Sprained Wrist, Treatment of, 53
 St. Louis Female Hospital, 42

Staining and Mounting Elements treated with caustic potash, etc., 233
 Staphyloma, Congenital, 50
 Sterility in Women, Treatment of, by E. S. McKee, 337
 Summer Diarrœa and Dysentery of Children, N. Guhman, 209
 Summer Complaints of Children, by Thos. H. Urquhart, 38
 Superfœtation, 185
 Surgeons Blunders and Newspaper Sins, 269
 Surgery, 63, 186, 253, 324, 384
 Surgical Observations, etc., in German and French Hospitals, Lutz, 273, 348
 Suspension in the Treatment of Affections of the Spinal Cord, by Alexander B. Shaw, 17, 90
 Sycosis, Hyphogenic, Coccogenic and Bacillogenic, 81
 Syphilis, an outbreak of, following tattooing, 301
 Syphilis, Early tertiary, 302
 Syphilis in Bosnia and Herzegovinia, 119
 Syphilitic Lesion, Primary, of Meatus Urinarius, 120
 Syphilitic Physicians, 366
 Syphiolomata, Chancriform, 366

T

Tænia Cucumerina in Man, 130
 Testicle, Supernumerary, 371
 Testing a Drug upon a Criminal, 141
 Therapeutics, 58, 128, 180, 247, 314
 378
 Thiol and Ichthiol, 128
 Toothache, Tannic Acid in, 123
 Tri-State Medical Association, A New, 205
 Tuberculosis in Fowls, 76
 Tuberculosis, Propylaxis against, 315
 Turkey, Medicine and Pharmacy in, 237
 Typhoid Fever in Childhood, 322

U

Ulcers, Pinckney French, 215
 Universal Federation of Students, 266
 Unna, P. G., Hyphogenic, Coccogenic and Bacillogenic Sycosis, 81
 Urethral Strictures, Deep, 118
 Urine, Inosite in the, 382

Urquhart, Theo. W., Summer Complaint of Children, 38
Use of Criminals for Purposes of Experiment, 40
Uterus, Extirpation of, by Zuckertort's Method, 187
Uterus, Ruptured Parturient, 383
Uterus Submucous Fibromyomata of, 321

V

Vaccination in China, 203
Vaccination, Ointment in 58
Varioliform Eruption due to Mercury, 236
Vulvo-Vaginitis of the Recently Married, 58

W

Whooping Cough, Resorcin in, 379
Williams, A. D., Diseases of the Eye and Ear, 50, 121, 171, 237, 305, 374
Wiltæ, A. S., A Case of Typhoid Fever, with Subnormal Temperature and Pulse, 281, 355
Wislizenus, Dr. A., 396
Women Physicians in India, 139
Worm, A Queer, 317
Wounds, Primary Treatment of, 154

Y

Yellow Oxide of Mercury in Syphilis, 126



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Original Contributions.

SUSPENSION IN THE TREATMENT OF AFFECTIONS OF THE SPINAL CORD.¹ By ALEXANDER B. SHAW, M. D., Professor of Diseases of the Mind and Nervous System and Electro-Therapeutics, Beaumont Medical College; Consulting Neurologist, St. Louis Insane Asylum, Alexian Brothers Hospital, St. Louis Railroad Hospital, Etc.

Suspension in cord affections occurring secondarily to disease of the vertebrae was advocated, and practiced with good results, so long ago as 1826, by Prof. J. K. Mitchell, of the Jefferson Medical College, and has been employed for a number of years by Dr. S. Weir Mitchell² in the same class of cases. The latter, indeed, about the time of Motchoukowsky's discovery, was induced to attempt suspension in two cases of spastic paraplegia in which no spinal caries existed; the excellent results obtained from it in pressure paralysis having led him to believe that stretching the cord, and thus altering its vascular conditions, even when signs of meningeal inflammation were absent, would helpfully affect both cord and membranes. Unfortunately, in these cases, no benefit followed; had it been otherwise, suspension would, no doubt, long since have been generally recognized as a useful adjunct to our scanty therapy in chronic degenerations of the spinal cord.

(1) Read before the St. Louis Medical Society.

(2) Vide Treatment of Pott's Paralysis by Suspension, etc., by S. Weir Mitchell, M. D. American Journal of the Medical Sciences, May, 1889.

The fact that suspension is beneficial in the treatment of locomotor ataxia, was discovered by Dr. Motchoukowsky, a Russian physician, in 1883, while treating a patient for spinal curvature, who was then suffering from ataxia symptoms. He observed that amelioration of the ataxia followed the suspensions made during the applications of the plaster jacket used for the relief of the curvature, and subsequently suspended other ataxic patients with like favorable results. This important discovery was chronicled and published in a *brochure* on the subject by Dr. Motchoukowsky, in 1883, in which considerable improvement was ascribed to it in twelve tabetic persons; also in various neurasthenias, independent of tabes, in which the sexual functions were reestablished by this treatment. But, until quite recently, it has been almost barren of results.

However, on the 15th of last January, Prof. Charcot, of Paris, delivered a clinical lecture at the Salp tri re, in which he stated that he had recently been experimenting with the suspension treatment of locomotor ataxia, and had been obtaining very remarkable results. Charcot's lecture was published in *Le Progr s M dical*, January 19 and February 2³, 1889, in which is graphically described the technical details of suspension, as practiced by him, with an ordinary Sayre's suspension apparatus. After describing the apparatus, he lays great stress on the danger of causing unpleasant head symptoms, from compression of the blood-vessels in the neck, if the straps are not properly adjusted. Further on, he says: "When the head is duly disposed of,³ the shoulder-pieces are slipped under the armpits. Though they may appear of minor importance, they really play the part of regulators during the period of suspension. *For⁴ it is necessary that, whilst lifted off the ground, the patient should not be entirely supported by the head-piece, for then the traction would become, in some cases, at least, absolutely intolerable.* Though the weight of the body must be distributed upon other points, this additional support must not be so effectual as to prevent as complete an extension of the spinal column as possible. * * * Careful trials are necessary to determine the exact length of the several straps. * * * While suspended, the patient is made, at intervals

(3) A. de Watteville, *British Med. Jour.*, March 9, 1889.

(4) *Italics ours.*

of fifteen or twenty seconds, to raise the arms laterally away from the body, so as to transfer more weight upon the head-piece, and so render the traction upon and elongation of the vertebral column still more complete—as complete as is tolerated by each individual. * * * As a rule, the longest time of suspension must not go beyond four minutes, three minutes being taken as the average. Half of a minute is enough at the outset, the maximum being reached during the first six or eight applications of treatment. It is essential to take into account certain individual susceptibilities or physical peculiarities, among which stands foremost the body weight, for, whilst a person of from about 130 to 150 pounds may be suspended forthwith during two minutes or more, the case is quite different in those whose weight reaches 180 pounds or more. In the latter, the tension to which the structures of the neck are subjected may become very severe and painful, and be felt sometimes for a whole day afterwards. * * * It is well to note that certain patients have such a wish—a very natural wish—to get better, that they think themselves bound to stand any amount of pain without complaining; but this circumstance is positively detrimental to the success of treatment, which must be accompanied with but trifling discomfort, at the most, without real pain or fatigue, lest it should defeat its own ends. * * * Suspension must not be carried out oftener than once on alternate days, otherwise it may become more hurtful than beneficial. * * * When the full time has elapsed, the operator very gradually lets the rope loose, so as to avoid *every trace⁵ of jerking* during the descent. The patient is to be supported while being freed from the apparatus, and made to rest awhile in an arm-chair, brought near for the purpose.”

Up to April 1st, Charcot reports over 800 suspensions, with varying degrees of success, but, in the vast majority, walking is improved after the first suspension.⁶ At first, this improvement lasts but a few hours, but after eight or ten séances it persists. After twenty or thirty treatments, Romberg’s sign disappears. Then vesical troubles are lessened or removed, also the lightning pains. Sexual impotence gives place to sexual desires and erections. (Experiments by Dr. Onanoff on

(5) Italics ours.

(6) London Med. Recorder, March 20, 1889.

healthy persons have shown that this method has an exaggerating effect on virility.) The cotton-wool feeling in the feet gives way, more or less, to healthy sensations, and, in general, the whole health improves. Every patient steadily improved, with one exception—a young tabetic of 32, who at first improved, then fell off, then again improved somewhat. But the knee-jerks have not reappeared in any of the patients, after three months' treatment, nor are the pupillary symptoms altered. As to other diseases, a young female with Friedreich's disease was greatly improved by the treatment. In neurasthenic and impotent patients, the sexual functions were re-established.

The results obtained by Professors Eulenberg and Mendel, at Berlin, in the cases of 34 ataxics fully confirm, so far, the encouraging outlook sketched by Charcot.

Suspension has also proven beneficial "in" Parkinson's disease (paralysis agitans), the rigidity and stiffness having given way to a great degree, the sensations of *chaleur* (flushings) have abated, the sleep is improved, and the gait has become less fatiguing. The tremor, however, remains as persistent as ever."

April 15th, 1889. Bernhardt⁸ reported to the Berlin Society for Mental and Nervous Diseases the result of 219 suspensions made in 19 cases. No unfavorable symptoms observed. Several patients complained of pain in nuchal muscles. Frequency of pulse unchanged. Traumatic paralysis not observed. In certain cases *decided* improvement occurred in different ways.

- 1°. Lancinating pains were relieved.
- 2°. Patients can walk firmer and longer.
- 3°. Urinating is improved.
- 4°. Sleep is better.
- 5°. Don't fall out of bed any more.
- 6°. Sexual power has been regained.
- 7°. Many say they feel better, stronger.

Suspension is harmless yet potent to benefit certain symptoms.

The mental influence is to be considered.

(7) Krauss, Buffalo Med. Jour., June, 1889.

(8) Centralblatt für Nervenheilkunde, Psychiatrie, etc., June 1, '89.

The therapeutic *modus operandi* is as yet undetermined. The physician should always superintend suspension.

Great care is necessary in cases suffering from heart affections.

Eulenberg states that he and Mendel obtained similar results, 40 cases were treated from February 3d to May 10th, 1889; 31 were men and 9 women. One case of pseudo tabes (woman) hysteria. Marked improvement.

One case of chron. myelitis (woman). No improvement.

Three cases of paralysis agitans. One withdrew from treatment. One no improvement. One walking better. Muscular spasm in arm relieved.

One case, traumatic neurosis (man). No improvement.

Thirty-four cases of tabes. Several cases had sixty suspensions. Some were suspended daily. Of these 5 withdrew from treatment, 6 were discharged unrelieved, 2 were relieved, one after 39 and the other after 60 suspensions.

Still under treatment, 21. Of these 4 were markedly improved, 12 somewhat relieved and 5 not affected.

In one case syncope occurred at the commencement of treatment. This is the only case in which an unfavorable effect was observed.

In referring to the treatment of locomotor ataxia and transverse myelitis by suspension, in a clinical lecture delivered at the New York Post-Graduate Medical College, Dr. Chas. L. Dana, Professor of Nervous and Mental Diseases, says: The patient I show you here is the ninth case of locomotor ataxia which I have submitted to this treatment in the past two months. Of these, four have had from twelve to sixteen suspensions, and of the five, three report decided improvement in the gait and in sensory troubles. I have also employed the treatment in four cases of transverse myelitis. One discontinued treatment after a few trials, and I think it hurt him; two have just been treated only a short time; one has been remarkably benefited, as regards strength in the legs and greater freedom of movement.

In certain cases, not recent, of dorsal myelitis in the middle or upper dorsal region, the suspension treatment will, I think, be of much service. But it must be employed carefully. The patients are suspended with about equal support to

the head and under the shoulders. After a time, more weight may be thrown on the head.

Dr. R. M. Simpson, of Winnipeg, Canada, reports⁹ two cases of tabes as materially benefited by suspension.

Edward Waitzfelder, M. D.,¹⁰ Neurologist to the Randall's Island Hospital, New York, says: I began the suspension treatment in the nervous ward of the Randall's Island Hospital with but little hope of benefit and more from a sense of duty to the unfortunate patients than from any expectation of doing good.

The patient was raised just far enough to let the tips of the toes touch the ground. In some of the cases the loops were put under the axilla; in others they were left off.

CASE I.—M. O'S—, aged thirty-nine. History (of ataxia) for three years. No pains since treatment began. Gait improved. Patient says he feels stronger. After twenty-four suspensions, can hold urine now for ten minutes. Has had no "pains" or cramps in legs and feet since treatment began. Gait very much improved. Ataxia in walking markedly diminished. Can walk almost in a straight line with eyes closed.

CASE II.—Aged thirty-eight. Cerebellar hemorrhage (?). No objective improvement.

CASE III.—J. D—, aged sixty-three. History for eight years. After fifteen suspensions can stand for short time when eyes are closed; gait very much improved; can now walk without a cane; numbness of feet diminished. The feet, which were always cold before, are now warm. Anæsthesia of feet less marked. Can pass urine easier than before. No improvement in pains after twenty-four suspensions. Patient thinks they are more frequent and severe than before treatment. Gait very much improved; formerly walked with a marked ataxia of feet, bringing down the heel with a severe shock. Now the walk is very slightly characteristic and the "stamp" of the heel very little and would hardly be noticed. Subjective increase of strength in lower extremities and back. Cramps in legs, which were frequent before, have entirely left him.

CASE IV.—Aged fifty-six. History for nine years. After fifteen suspensions, much improved in general condition,

(9) Canadian Practitioner, June, 1889.

(10) The Medical Record, June 8, 1889.

walks better; legs feel stronger. Has had no pains at all since suspension was commenced. Urinates with less difficulty, and bladder less irritable. Gait much improved, but little "stamp" to the heel. "Can walk a mile now with as little fatigue as a quarter of a mile before."

CASE V.—A. C—, aged fifty-one. History for three years.

Until four days before suspension was commenced, patient was confined to bed for over eight months on account of extreme ataxia of feet and legs. After sixteen suspensions his gait is fairly good, though it still shows some inco-ordination; he can follow a straight line for a short distance, can start walking and stop abruptly without much staggering, can turn about suddenly ("right-about-face") with only a little wavering. Has not been in bed in the day-time since treatment was commenced. Diplopia almost gone; subjective increase of strength in lower extremities.

CASE VI.—C. B—, aged fifty-three. History for five years. Patient used to sit in the ward all day, very seldom moving from his chair; said he was not able to walk. After fifteen suspensions, so much improved that he insisted on having his discharge, saying he was entirely free from pain, and could walk as well as he ever could. The improvement was marked from the first suspension.

That there is a direct relation between the effect and cause in these cases there can be no doubt, and that there had been a direct impression produced on the spinal cord, but in what way I am as yet undecided. It is hardly reasonable to suppose that the cord itself was stretched, for it floats so freely in the spinal canal that the counter-extension of the weight of the body is not sufficient to produce that result without the greatest pain. It is more likely that the traction exerted on the spinal nerves in some way bring about a change in the circulation and nutrition of the cord, and the amelioration of the symptoms is due to a lessening of the vascular supply of the cord and its membranes.

(Concluded next month.)

Dr. N. Guhman, of this city, was elected one of the vice-presidents of the Missouri State Medical Association, at its last meeting.

LITHIUM IN MINERAL WATERS. By FRANK L. JAMES, Ph.D.,
M.D., of St. Louis.

I have before me, carefully preserved in petroleum, sealed in a fused glass tube, a shining, white metallic pea, resembling exactly, so far as looks go, a little globule of silver, removed by the assayer from the bottom of his crucible. That it is not silver, however, is manifest as soon as you lift the tube, for it apparently has no weight. It is in fact a button of metallic lithium, given to the writer just thirty years ago by Dr. Pierce B. Wilson, now of Baltimore, but then a student and assistant in Liebig's laboratory in Munich, Bavaria. Wilson had been a student under Bunsen in Heidelberg, and had come thence to Munich, bringing with him, among other rare chemicals and elements, this lump of lithium, one of the first ever obtained in its pure metallic state by his immortal master, Bunsen.

Forty-two years previously to this, or in 1817, Arfvedson, a student under Berzelius, in the course of an analysis of petalite, discovered an alkali of a new kind, to which he and his master gave the name of *lithia*, as significant of its origin. For a long time it was considered as one of the rarest of the rare elementary combinations, and the decomposition of the same into its constituent elements baffled the highest skill and ingenuity of the chemists. Berzelius, as early as 1824, mentioned its existence in the waters of various Bohemian mineral springs, but twenty years later, in 1843, Dr. Alexander Ure, in reporting, in the *Pharmaceutical Journal*, his experiments on the solubility of sodium urate in solution of lithium carbonate, stated that he had been compelled to abandon his experiments on account of the scarcity of the lithium salts. In 1855, Bunsen, assisted by Matthiessen, at last succeeded in obtaining the element lithium by decomposing the fused chloride by electrolysis, using a battery of four of his well-known cells, with carbon as the anode and a steel knitting needle as the cathode. As thus obtained, lithium was found to be a silvery white metal, the lightest of all yet discovered, having a specific gravity of only 0.58.

Three years later than this, Dr. A. B. Garrod "commenced the administration of lithium carbonate as an internal remedy, both in cases of uric acid diathesis connected with gravel

and likewise in chronic gout and was much gratified at the results." "But the great bar to the free use of lithium salts in medicine has been their expense." (Gout and Rheumatic Gout, pp. 368, 369).

Bunsen and Kirchhoff, by means of spectral analysis, were meanwhile demonstrating the almost universality of the element, having found it "extensively diffused throughout the vegetable and animal kingdoms, in the water of the ocean and in a great many mineral springs, especially those issuing from the primary rocks, of which latter it is a constant constituent." But while thus widely distributed it occurred nowhere in great quantities save in the vast deposits of lipidolite (lithia-mica), discovered and known to exist in Bohemia and Saxony. From these deposits it is now being supplied in large quantities and at comparative low prices.

To the exhaustive and painstaking experiments of Dr. Garrod, more than to any other individual, are due the knowledge of the therapeutic properties of the salts of lithium and the favor with which they were at once received by the medical profession generally. The good results obtained by their use, unlike those claimed for many new remedies, were persistent, and from the time when the salts could first be obtained from the pharmacists up to the present hour, they have not only maintained the excellent impression which they first produced, but have continued to win a well-deserved reputation for certainty of action in a wide and constantly increasing field of therapeutics.

No small amount of this immediate success was due to the perspicuity of Garrod in his directions for the use of the remedy. "The salts of lithia" says he (in "Gout and Rheumatic Gout," p. 368), "should be given in a freely diluted state either in a large quantity of plain water or, which is preferable, in aërated water, forming *lithia water*, and corresponding except in strength with the soda and potash waters now in general use."

Lithia is by far the most powerful antacid of all the alkalies. According to A. Goldammer "1 gram of its carbonic salt requires 27.02 cubic centimeters of normal acid for neutralization, while the sodium salt requires only 18.87 and the potassium salt but 14.47 cubic centimeters to attain the same end" (*Pharmaceutische Centralhalle*, 1885, p. 541). Hence the

comparatively small dose which is required to neutralize or render alkaline a system in which strong acidity has prevailed, and hence too one reason for its rapid action upon abnormal accumulations of uric acid or the urates in the blood, the other being the fact of its forming, unlike the other alkalies, a soluble salt with that acid.

It is to these qualities, and the widespread knowledge of them caused by the innumerable "papers" and "circulars" issued within the past fifteen years by interested parties, that is probably due an impression, which I find all but universal among practitioners and the laity, viz., that all mineral waters of which lithia is a constituent, no matter in how trifling a degree, *must* have a paramount effect upon the uric acid diathesis. Despite the long list of "lithia-springs" whose advertisements we find in the medical and secular journals of the day, the actual number, so far as I can find responsible analysis, of those containing upwards of 4 grains of lithium bicarbonate (equal to about 2.5 grains of the carbonate) to the gallon is but fifteen. Of these twelve are at Saratoga; one at Nashua, N. H.; one at Cuyahoga, O., and one (Bowden Springs) in Georgia. These run from 4.040 grains in the Bowden Spring, 4.260 in the Cuyahoga, and 6.89 in the Nashua, up to 11.447 in the "Hathorn" at Saratoga.

While on the subject of "contents" there are two points in regard to mineral water analysis to which I would call the attention of the medical profession, since they furnish an easy and unsuspected means by which the owners of mineral springs and the importers and purveyors of mineral waters are in the habit of largely increasing the ostensible proportion of any desirable constituent in the same and at the same time compromising with their consciences. I allude, 1°, to the habit of publishing the results of analyses in which the imperial gallon is taken as the collective unit, although the waters are bottled and sold in vessels which are fractions or multiples of the American standard gallon. 2°. The estimation of saline contents in their crystalline, instead of their anhydrous condition.

As to the first trick of the trade, it owes its success to the fact that not one person in a hundred remembers on reading an analysis of this sort, that the imperial, or standard English gallon represents ten (10) pounds of pure water at 60° F.,

or 277.2 cubic inches, while the standard American gallon, the measure which at once occurs to us on hearing or seeing the word "gallon," is but eight (8) pounds of pure water at 60° F., or 231 cubic inches; and hence is but four-fifths of the former—a fact which does not at once occur to us even though the ingenious labeler may have stuck the abbreviation "imp." in front of the "gal.," and thus preserved a semblance of honesty.

The second trick is more deceptive, since the difference between the weight of anhydrous and crystalline salts is not a constant one, and while it may amount to more than a hundred per cent., there is no way of detecting it save by an actual examination of the water. This weighing the water of crystallization, and estimating it as a part of the salt is a trick recently detected by my friend Dr. Enno Sander, of St. Louis, in an imported Spanish aperient water, and at present I have no means of knowing to what extent it prevails.

If we apply the logic of arithmetic to some of the fifteen springs which I have mentioned above, the actual contents in carbonate of lithium will be largely reduced. Thus, the proprietors of the Nashua, N. H., springs (the "Londonderry Lithia") claim for one spring (the East) a content of 13.2 and for the other (the West) a content of 4.03 grains of lithium bicarbonate to the "imperial gallon." The waters are mixed before being filled into bottles, and hence the bottled liquid contains but 8.61 grains to the imperial gallon. Since the containers are fractions or multiples of the American gallon, to be strictly honest the statement should be made that each gallon contains 6.89 grains of the carbonate.

There are a large number of springs advertised as "lithia waters" in which the amount of the medicinal element is so small that they are practically valueless, though they are consumed in immense quantities. Some of them have not a trace of lithia. Dr. Karl Luedeking, chemist at Washington University of this city, reports as the result of an analysis of Buffalo Lithia Spring No. 2, that he could not find any of the element from which the spring takes its name!

The European lithium waters need not be considered in this paper, as I will not recall any of them that are imported into this country. I may, however, mention two of them as of general scientific interest. Phipson, (Cosmos, Vol. XXV.

p. 415) records of a spring at Redrutt in Cornwall, that it contains 26.05 grains of chloride of lithium to the imperial gallon. This spring contains a total of 641.35 grains of solid matter to the gallon. It issues from the earth at a temperature of 122° F., and the flow is so great that were all the water utilized upwards of 800 pounds of chloride of lithium could be obtained every 24 hours.

Bunsen found 25.642 grains of chloride of lithium in the imperial gallon of water from the Murquelle at Baden-Baden, this amount being 9 $\frac{1}{4}$ per cent. of the total solid contents. Dr. Rueff, the attendant physician, when prescribing this water to patients who could not take a sufficient quantity of the same to successfully combat the disorders for which it was exhibited, was in the habit of adding to the water an amount of lithium carbonate equal to that of the chloride contained therein. The solution was readily effected by the free carbonic acid of the water, and thus the patient got a double dose of lithium salts without inconvenience. (*Pharmaceutical Journal and Transactions*, Vol. iii., p. 377).

This proceeding recommends itself to every practical and reflecting physician. We have no patience, indeed, with that superstition which prates of the "God-given," "heaven-endowed" fountains of health, "medicines wrought in the laboratory of mother Nature"; nor with that fetishism which regards these springs as something beyond the power of man to imitate or improve upon. When we reflect that they are the product of a leaching process exerted by water in its subterraneous progress through mineral strata; that they are affected by uncontrollable influences (atmospheric precipitation, for instance) and as freely extract the noxious or indifferent elements as those valuable to health, we must regard them simply as any other product of nature, to be manipulated, purified, weakened or added to according to the dictates of human science and skill.

There are natural waters which have excellent and even superlatively valuable properties, even when used as they issue from the earth, but I do not believe that there exists in the world to-day a mineral spring the medicinal value of which could not be enhanced (in other words that could not be improved upon) by the exercise of combined chemical and therapeutical knowledge.

If this be true of the best of them, what shall I say of the great mass of such springs, most of which have but one, or at most two of the characteristics of medicinal waters—they are wet and have a villainous taste! Garrod's smallest dose of lithium carbonate from which benefit was derived, was half a grain in one ounce of water. What benefit may we hope or expect from waters which do not contain that amount of salt to the gallon? Is it not far more rational to prescribe the remedy in its officinal form and trust to the skill of the pharmacist and the chemist to compound it by rules the results of which cannot vary?

In prescribing carbonate of lithium it is necessary to remember that it is not very soluble, and that it requires 100 parts of pure water for its complete solution at ordinary temperatures. This difficulty is easily overcome, however, if carbonated water be used, and not only is the solubility of the salt greatly enhanced but it is put into a form in which its therapeutic activity is increased, to say nothing of the generally more agreeable flavor of carbonated waters. The beneficial effects of lithium carbonate in such solution have been too frequently experienced by me not only in my practice, but in my own person in the treatment of arthritis and rheumatism for me to need authority for its use, but if such were wanting I could make reference to the writings and experiences of some of the most eminent practitioners of the past half century.

Since physiological chemistry has demonstrated that in gout there is an abnormal formation of sodium urate in the system and that the deposition of this salt is constantly effected in the joints and tissues during the tortures of the paroxysms of the disease which are particularly referred to under the name "gout," the administration of any salt of sodium which is especially liable to decomposition in the system (with the danger of formation of sodium urate) should be carefully avoided in the construction of any formula for exhibition in connection with lithium carbonate. We should seek rather for such adjuvants as will form soluble combinations with uric acid.

A trial of many formulæ in this direction has resulted in the following combination which I strongly recommend from personal experience as to its benefits.

B	Lithium bicarbonate.....	grs. xij.
	Magnesium bicarbonate.....	grs. x.
	Potassium bicarbonate.....	grs. xvi.
	Sodium chloride.....	grs. x.
	Carbonated water.....	3 xvij.

M.

This may be taken almost *ad libitum*.

This is almost if not quite identical with a water manufactured and put upon the market in this city by Dr. Enno Sander under the name of "Garrod Spa" or Lithia water, and its effects have been all that could be desired.

LANDRY'S PARALYSIS. .By Dr. L. Bremer, of St. Louis.*

Although the time has passed when the publication of a new case of "acute ascending paralysis" was looked upon as quite an event in neurological literature, it does not seem to me amiss to record, even at the present day, instances of this comparatively rare, and little understood, malady, and bring them to the notice of the profession, although the number of such cases has, since their first description by Landry in 1857, assumed very considerable proportions.

Several months ago I saw, in consultation with two other physicians, a boy at 12, of healthy parentage and normally developed, who presented the essential symptoms of the disease mentioned. There were, however, some features about it which are unusual and which justify the following brief sketch of the case:

Six weeks previous to my seeing the patient he had, according to the statement of the attending physician, been taken suddenly with vomiting; his temperature had been abnormal; pulse between 75 and 83; there was great lassitude and lack of energy. This condition lasted about 6 or 7 days, during which time he was not able to move about much, apparently from general weakness. Finally he was put on his feet and told to step forward, when, instead of doing this, he bent the body forward as if the legs were unable to execute the intended movements. However, he improved in a few days and went to school again, but he and his parents noticed that while playing on the piano his fingers would always fall

* Read before the St. Louis Medical Society.

short one key, and that he had a peculiar shuffling gait. Every other day he suffered from cold hands and feet; in the afternoon he would be better.

Thus matters stood, when suddenly, after about two weeks from the apparent termination of the first attack, he was again taken with great weakness in the lower extremities; he vomited and staggered to such an extent that the idea of a cerebellar tumor suggested itself to the attending physician. With all the staggering gait he never fell and there was no headache, nor was the appetite impaired.

When I saw the patient there was almost complete paraplegia. The legs could be moved only when dangling from a chair; there was also great weakness in the arms. Knee-jerk on each side was exaggerated and there was distinct *foot-clonus*; the knee-jerk on the right side exceeded that on the left. There was not the slightest disturbance of sensation; the muscle-sense seemed to be intact so far as could be ascertained under the circumstances. The left side was weaker than the right, both in the lower and upper extremities. There was neither pain nor fever and the patient felt perfectly comfortable. He had urinated in the bed for the last four nights; the bowels were constipated. There were no bulbar symptoms; deglutition and speech intact. Sensation was normal throughout. Pulse, 82; temp., 97°.75.

I never had an opportunity afterwards of seeing the patient and the following account of the later developments in the case I gathered from reports by letter received from the attending physician, Dr. Tibbits, of Highland, Ills.

On the day following my visit the boy became much worse in every respect. He could not sit up by himself, was unable to turn over in bed, had to lie on his back constantly, and complained of double vision. All power of motion was gone. Knee-jerk and ankle-clonus had disappeared, whereas the plantar reflex was preserved. On tickling the sole of the foot the leg would be drawn up. Urination and defecation were difficult.

This state of affairs continued for about two weeks when a very rapid improvement set in. The boy regained the use of his limbs, could move them when in bed, in every direction; he could sit up again without being held. The urinary trouble disappeared and slowly but steadily he convalesced, until

about 6 weeks after the setting in of the complete paraplegia he was as well and strong as ever before. No wasting of the muscles had been observed. For external reasons, (the boy living 50 miles from the city) no attempt had been made to ascertain the electrical irritability of the muscles.

The treatment consisted in baths of 96° temp., wet pack around the loins, and increasing doses of the sodium iodide. But it is doubtful to my mind whether the favorable issue of the malady can be justly ascribed to this plan of treatment, recoveries from even graver forms of the disease having taken place under the most diverse therapeutical methods.

To recapitulate, the following are the essential points in the case: A prodromal state of muscular weakness manifested principally in the legs, and lasting about six weeks; vomiting; nocturnal incontinence of urine; then rapidly developing motor paralysis of both legs, involving at first slightly, afterwards completely, the upper extremities and the muscles of the trunk. Increased knee-jerk and the presence of foot-clonus in the beginning; abolition of both later on; transitory diplopia; intactness of sensation; absence of pain, fever, atrophy and discomfort; gradual but complete recovery in the course of about two months.

Reasoning from these positive data and by exclusion, there can be no hesitancy in ranging the case under the head of Landry's paralysis.

Pathological Anatomy and Etiology: Owing to the rarity of the affection and the consequent lack of autopsies, there reigns much obscurity and confusion as to the morbid tissue-changes giving rise to the train of symptoms characteristic of Landry's paralysis, nor have we the remotest conception of its etiology.

While the French school from Duchenne's time on, looks upon it as a species of polio-myelitis anterior acuta, there are many other observers who object to this view as untenable, principally on the ground that there never was observed any muscle wasting, or changes in electric irritability. In some cases that terminated fatally, no lesion could be demonstrated in the spinal cord, neither macro- nor microscopically, while in others the most discordant changes seemed to form the anatomo-pathological substratum of the affection. Thus bright red spots in the anterior cornua which, when examined

under the microscope, corresponded to greatly distended vessels gorged with red blood-corpuscles, and hyaline degeneration of the multipolar ganglionic cells of those cornua have been observed by one investigator, (Immerman, Ueber Poliomyelitis anterior acuta und Landry'sche Paralyse. *Neurolog. Centralbl.*, Vol. IV, p. 304.)

Again, syphilis and the changes it produces in the spinal cord have been charged as giving rise to the symptom-grouping of Landry's paralysis. (Schultz, *Klin. Wochsh.*, 1883, No. 39.) But it must be borne in mind that this disease does not, as yet, represent a circumscribed and independent nervous affection, and that many cases have been described under the above name that have in reality very little in common with the clinical picture as first drawn by Landry. Above all syphilitic lesions of the spinal cord, although they may resemble clinically the affection in question, ought to be excluded, as such a view would only complicate matters and add to the existing confusion. The view advanced by one writer that in *every* instance we have to deal with a syphilitic change in the spinal cord is hardly worth while discussing.

The disease, or at any rate, a group of symptoms closely resembling it, has been observed as the sequel of a number of infectious diseases, such as small-pox, diphtheria and typhoid fever. The same is true of haemorrhage in the spinal cord and ascending myelitis. Whether it is proper to include such cases in the disease under consideration, will be left to future investigations to decide. Undoubtedly many cases have been reported under the name of Landry's paralysis that bear only a faint resemblance to the affection originally described by that author.

The salient points constituting the disease and accepted by the great majority of writers on the subject are briefly as follows: Febrile prodromal disturbance of varying intensity; paralysis starting generally in one leg, then attacking the other; ascending course of the paralysis contrary to the laws of physiological cord-conduction, spreading upwards to the muscles innervated by the nerves of the dorsal, then the cervical portion of the cord, finally, in the gravest cases, to the medulla oblongata. The reflexes, both superficial and deep, as a rule, lost. There is no fever or atrophy; no abnormality of electrical irritability; no involvement of sensation, bladder or rectum.

If the case reported above be compared with the clinical sketch just drawn, we find that it presents some uncommon features. To begin with, there was a prolonged prodromal stage. Possibly, however, this stage was in reality a slight attack, gradually mending, when a recrudescence of the trouble took place, a graver form of the disease setting in. Noteworthy are also the sub-normal temperature at the commencement, the increased knee-jerk and foot-clonus; the implication of the sphincters. Diplopia has been observed in other cases. The increase and subsequent disappearance of the knee-jerk has an analogon in tabes.

As regards the seat and nature of the lesion, it is probably very nearly akin to, if not identical with, polio-myelitis anterior acuta; perhaps the inflammation of the anterior cornua was not fully developed and did not go beyond the irritative stage. Hence the increase of the knee-jerk (for such increase may, in my opinion, arise wholly from the negative irritability and an injury to the pyramidal tracts, but also from an abnormal excitability of the multipolar ganglionic cells of the anterior horns). These latter must certainly have remained anatomically intact since there was no waste of muscles. The preservation of the cutaneous and tendon reflexes makes it probable that the disease did not get beyond the irritative stage.

The increase of the knee-jerk and the ankle-clonus might suggest a transverse myelitis, especially since the sphincters of the bladder and rectum were slightly involved, but the absolute absence of any sensory disturbance must at once dispose of any such view, besides the rapidity and completeness of the recovery would speak against it.

A simple vaso-motor disturbance is equally unlikely to produce such a train of symptoms; at least there is no analogue in the pathology of the central nervous system to warrant such an assumption, nor is it probable that an affection of the medulla oblongata or the pyramidal tracts, as some investigators have contended, is at the bottom of the trouble.

Some pathologists have looked upon the affection as one caused by abnormal state of the blood, a theory which is supported by the observation that in a number of cases there is an enlargement of the spleen and the lymphatic glands. Certain toxic substances then, circulating in the blood as pro-

ducts of perverted metabolism, probably of the nature of ptomaines or leucomaines, might exert a specific influence, irritating first and paralyzing afterwards, on the spinal cord. That this toxic influence is brought to bear chiefly on the motor parts of the spinal cord has nothing improbable in it, since we are familiar with the tendency of certain alkaloids to affect with predilection certain definite regions of the central nervous system. Possibly this is the most plausible of the many speculations, which is calculated to throw at least some light on this mysterious disease, although it must be admitted that the predominant peculiarity of the affection, namely its ascending course, remains wrapped in utter darkness.

The infection theory, although quite plausible, does not offer any advantages over that just mentioned.

SOME NOTES ON THE GYNÆCOLOGICAL AFFECTIONS OF MENTAL ALIENATES. By T. S. GALBRAITH, M.D., late Superintendent of the Indiana Hospital for the Insane, Indianapolis, Ind.

In applications for the admission of Women to the Hospital uterine disease is frequently assigned as the cause of insanity by the attending physicians, and the number of single women admitted, having a history of menstrual suppression or irregularity is sufficiently great to lead to the supposition that derangements of the sexual system in the female plays an important part in the production of the various forms of insanity, or that the existence of insanity exercises potent influence in disturbing the menstrual function.

In the department for women at the Indiana Hospital for the Insane, about 1200 patients are treated each year. During the last year our annual report shows that 325 new cases were admitted to this department. Of these 105 were single and 220 married. The per cent. discharged as recovered of the whole number admitted was 52.3 per cent.; of the single, 56 per cent.; of the married, 50.4 per cent. Heredity is undoubtedly the chief cause of insanity in young and single women. Faulty organization has laid the groundwork in most of those cases where we find slight shock from dis-

pointment in love, religious excitement or other trivial influences acting as the disturbing cause in the development of insanity.

By looking over the clinical records, I find at this time we have in the hospital 92 single female patients under thirty years of age, of whom 28 have a distinct hereditary history of insanity. In 35 the cause is not stated. Of the remaining number shock, ill health, disappointment in love are mentioned as being the cause of insanity. Of these 93 cases, menstruation is suppressed in 28, irregular in 21, normal in only 44.

In married women who have gone through the ordeal of child-birth, a different class of causes may be suspected to be present. Dr. Emmet did not overstate the fact, when he made the statement several years ago, that about 33 per cent. of all women who had borne children and suffered from any form of uterine disease, had laceration of the cervix. Since that time numerous observers, skilled in gynaecological practice, have fully verified his conclusions as to the frequency of this injury. While professional opinion of to-day may not entirely sustain the extreme views first entertained of the pathological significance of this lesion, there is a general unanimity of sentiment as to its serious character.

When we consider the intimate anatomical relations existing between the uterus and every other organ of the female organization through the intricate ramifications of the sympathetic nervous system, it is only reasonable to conclude that an injury that destroys to any considerable degree the integrity and symmetry of that organ may, by sympathetic and reflex action pervert and destroy the normal and physiological relations that should exist between all the other organs of the body to such an extent as to lead to disturbed nutrition and general impairment of the health.

Lowered vitality and depression of the nervous system is the most constant and conspicuous symptom in the early stages of all forms of insanity.

That laceration of the cervix is the initial lesion, the starting point from which emanates many of the ills that make woman's life miserable and unhappy, there can be no doubt. Subinvolution, displacements of various kinds, sterility and enlarged ovaries, anaemia and perverted nervous sensation

are only a few of the long list of ailments that might be enumerated as resulting from this injury. The diagnosis of pelvic disease in insane patients is attended with more or less difficulty. The perverted action of the nervous system, the irregular manifestations of the reflex phenomena causes the subjective symptoms to be so varied as to be of little value in estimating physical conditions.

The operation for laceration of the cervix has been performed fifteen times in the hospital during the last eighteen months, and no unfavorable result has followed the procedure in any instance. The general health of the patients operated on has uniformly improved. The improvement was, of course, more marked in the recent cases. In a few cases the operation was followed by such a marked improvement in the patients' mental condition as to lead to the inference that laceration of the cervix was a prominent etiological factor in the production of insanity.

In the chronic forms of insanity perversion or almost entire abrogation of the reflex symptoms is so constant as to be one of the chief characteristics of this condition. This absence of marked diminution of reflex action in the chronic insane is well illustrated in cases of phthisis. In the hospital wards, dozens of patients suffering from this disease may be seen from month to month going slowly but surely to death, and a cough among them is seldom heard.

Amenorrhœa prevails to a greater extent in young women who are insane than can be explained on the grounds of anaemia. Dysmenorrhœa of the spasmodic or congestive type is rare among insane patients, and leucorrhœa is much less prevalent than would be found among the same number of sane women. The statement made by Prof. Skene that the functional activity of the sexual organs is diminished in cases of insanity is entirely in accord with our observation.

Central University of Kentucky.—The commencement exercises of the Central University of Kentucky—the Louisville College of Dentistry and Hospital College of Medicine, took place June 18, last. There were 15 dental graduates and 65 in the medical department.

Clinical Reports.

SUMMER COMPLAINTS OF CHILDREN. By THOS. H. URQUHART, M. D., of Hastings, Neb.

As the summer complaints of children will soon make their entré upon the world's stage, I wish to give my experience in these diseases during the last forty years, both on the high plains of Nebraska and in the southeastern part of Virginia, my native land.

There are three types of this disease, each demanding a separate and special plan of treatment: a, The mildest form is a diarrhoea; frequent watery discharges, sometimes streaked with bright red blood, not lumpy or frothy. This is easily managed with Pulv. Cretæ. Comp., etc. b, This type is more of a dysentery—tormina, tenesmus, frequent dark, greenish discharges, very offensive to smell; sometimes intimately mixed with dark blood either in clots or in dots. Great straining and very little passed at each motion. Intense, agonizing thirst; tossing about in bed and moaning. The smallest quantity of water taken, by mixing with bile, regurgitates into the stomach, brings on intense and distressing nausea. Tongue dry and rough, covered towards base with brown fur. Skin of an icteric hue, dry and harsh. Abdomen tympanitic, tender over liver and colon, ascending, transverse and descending. Temp. 103° to 104°. c, The third variety of summer complaint is a true *entero-colitis* and is almost always fatal in children under 8 or 10 years old. Symptoms: Pain over whole abdomen; high fever; pinched features; feet drawn up: breathing thoracic; intense thirst. The discharges are very frequent, almost without faecal matter or odor, resembling white of egg (raw); streaked with bright arterial blood, often like *hog's brains*, dotted over with blood. These discharges are passed almost involuntarily and without pain or straining. Pulse hard, but very small; temperature high, 104° to 105°. Tongue pointed, fiery red, papillæ enlarged and red. The tongue is sometimes red and *glazed*, almost without papillæ, dry and harsh. Thirst intense. Tympanites of abdomen and excessive tenderness always present. Towards the last the little patient has the tendency to sliding lower in the bed. The Hippocratic face and convulsion herald the end.

Treatment: In the second form of this complaint commence with the *oleaginous* mixture used years ago by Dr. Nathaniel Chapman, of Philadelphia:

B	Ol. ricini.	
	Ol. olivæ opt.	aa 3j
	Ess. cinnam.	m xx.

M.

Then, B Mucilag. acacie $\frac{3}{4}$ ij.
Sacchar. albi $\frac{3}{4}$ ij.

M. Add the first to the mucilage of acacia and shake well.

Sig. One or two teaspoonfuls, according to the age of child, every hour or two, until the whole intestinal canal is opened.

After this give the following, p. r. n :

B Hydrarg. chlor. mit. gr viij.
Pulv. ipecac gr iv.
Cretæ preparat $\frac{3}{4}$ ss.
Sacchari. lactis 3j.

M. Rub in mortar till thoroughly mixed and divide in pulv.
No. xxxij.

Sig. One in two or three drops of water in tip of teaspoon, push into child's mouth with tip of finger.

These powders may be given every now and then for three or four days, or as long as the discharges are greenish or very offensive. Here we have the nascent protoxide of mercury, a very efficient antiseptic, or germicide. Should the discharges cease too soon, or there be any pain in the belly, an occasional dose of the oleaginous mixture may be given.

The treatment of the third form may commence with the oleaginous mixture so as to open the upper bowels, or small intestines. Then the calomel powders every hour or two; turpentine stupes to abdomen, etc. For the thirst I always use this: Apply with a little mop every half hour or so, glycerin, C. P., 1 pt.; to water, 6 pts.

Diet: For second type, toast thin slices of stale bread until browned through and through. Break these slices up fine into a mug or deep cup, pour on boiling water, say half a pint, sweeten a little, flavor with a stick of cinnamon or lemon peel, set in ice chest, or keep cool as best you can.

No purely *starchy food* should ever be given to a young child, as crackers, etc., will not be digested, on account of the weak acids in the gastric juice.

This is the child's food at first: when better, give fresh milk, with a little sugar and always add a teaspoonful of lime water, freshly prepared by slaking with *boiling* water. When convalescence is established, add a little "Ironduquoit port wine" to the toast water. This, I think, is the best wine now made in this or any other country and is put up at seven years old for medicinal use. As a tonic, I prefer either tr. ferri. chlor. or small doses of quinine and salicine, equal parts. A flannel roller from symphysis pubis to the eighth rib or thereabouts, should be worn for weeks after the disease has yielded to treatment. The gums should be attended to in young children. The anus should be watched, as chafing may set in and cause great distress to the little patient.

[July,

Editorial Department.

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THE USE OF CRIMINALS FOR PURPOSES OF EXPERIMENT.

The medical and secular journals have had a good deal to say recently concerning the justification of the action of a physician in Oceanica who had tested the inoculability of leprosy on condemned criminals. That the coolness with which it was announced by Dr. Arning, that he had "succeeded in producing leprosy by inoculation on a condemned prisoner," produced a certain degree of shock to the average reader, we will not undertake to deny; but to what better use could a murderer, condemned to death, be put than in settling some mooted point in a science which has for its sole aim the preservation of human life?

Putting this question to an otherwise very liberal and well-informed clergyman of St. Louis, who was inveighing against the inhumanity of the physician in question, we received for an answer that "the proceeding was unjustifiable from any standpoint. We had no right to tamper with human life under any circumstances, even where an apparent necessity for such experimentation exists. In this case even the poor excuse of 'necessity' cannot be plead since such experiment could be carried out on the lower animals." "Besides," he added, "of what use is it to medical science to know that leprosy is inoculable? Is it going to prevent the spread of the disease, or furnish a hint for an antidote?"

Finding that these are the stock arguments of the laity against such experimentation, and that they are shared by not a few physicians, we have this to say in reply thereto:

If we have no right to "tamper with human life" we must

abolish the office of executioner ; since he "tampers" with it in a manner much more effectual than that of the experimenter, in that he gives absolutely no chance for its prolongation.

There is a necessity for such experimentation ; since we know that diseases which affect one genus or species of animals very frequently cannot be communicated to others in any manner, and hence to experiment with them we must make our tests upon the animals to which they are peculiar. Attempts at inoculating leprosy on lower animals, for instance, had utterly failed. This was no proof that it could not thus be communicated to man, however, as was settled by the experiment which has called forth the adverse criticism. Of the great value of the knowledge thus gained no well-informed physician can for a moment doubt. Whether it is going to "prove a means of preventing the spread of the disease or furnish a hint for an antidote" only time can tell.

Every absolutely established fact in science has a certain value, analogous to that of every stone in the pyramid. Isolated, it is but a rock, but brought to its proper place among its fellows, it makes complete the structure which is to endure for all time. Or to illustrate it in a different way, such facts may be likened to stepping stones dropped into a stream, one here, one there ; now close, now far apart, but gradually forming a line close enough one to another to enable us to cross dry-shod to the other shore.

We are therefore in favor of utilizing murderers and other criminals condemned to death, or even to life imprisonment in the service of science. Instead of testing new drugs upon rabbits and guinea-pigs, or even upon the long suffering frog alone, let them be tried upon those who, by their crimes, have forfeited their lives to their fellow men, and whose execution on the gallows or the block but partially pays the debt.

Of course, every precaution should be taken against the abuse of the opportunity for experimentation, on the one hand and of the immunities offered the prisoner on the other. All such experiments should be made under the direct supervision of properly qualified state officials. The prisoner should be thoroughly informed of the probable and even possible results of the experiment, and his consent, in matters involving his life, immediately or remotely, gained. As to the alternatives and immunities offered in exchange for such consent, circumstances would have to decide in each case. It would manifestly be bad policy to promise a confirmed criminal that he should be turned loose upon society again if he succeeded in living through an ordeal that might only remotely affect his life. And herein lie the only difficulties and valid objections that we can see to the principle of utilizing criminals in the manner suggested, and these arise, not out of consideration for the criminal, but for the public at large.

THE ST. LOUIS FEMALE HOSPITAL.

The secular press has recently been engaged in the discussion of the overcrowded condition of our insane asylum and hospitals, as well as the bad state of repair into which they have fallen. They have severely animadverted upon the city government which proposes to build a million-dollar city hall and which is reluctant to see the sick and needy made more comfortable. The story is such an old one, and so much has been said and written about it, that it would be profitless to enter upon its discussion. What we wish to say in this connection is, however, based upon it and is, so to speak, a proposed corollary.

There is hardly any doubt that our municipal authorities are going to do something in the near future towards the improvement and enlargement of the insane asylum, poor-house and female hospital. This last is an especial disgrace to the city which fathers it. The building itself is in a terrible condition, and is totally unfitted for the purposes which it was intended to subserve. Under these conditions why not abandon it for these purposes and build, nearer to the center of the city, a female hospital, and a maternity? A lying-in hospital cannot consistently be connected with a general hospital. It should be separate and distinct. A single case of erysipelas in a surgical ward, is sufficient to produce an epidemic of puerperal fever, more especially when isolation cannot be promptly and effectually carried out.

The Female Hospital has never been in the right place. It is entirely too far from the centre of the city to subserve to their full extent, the purposes for which it was erected. It should be within such a distance of the center of population that it can be reached within a few minutes by an ambulance or a patrol wagon.

The necessity for a lying-in hospital, or "maternity," in our city daily becomes more pressing and apparent, and when built, it, like the Female Hospital proper, should be located not too far from the populous centres which furnish the bulk of patients for such institutions. The ride to the present female hospital, even when taken in luxuriously upholstered carriages or buggies, is a very tiresome one for a well man—how much more so must it be to weak women, wasted by disease?

The advantages to the medical education, of our city, of having a well conducted gynaecological hospital and a maternity, filled, as they would be constantly, with patients, would be incalculable. This has hitherto been the one weak point of our clinics, and to the certain knowledge of the writer, has cost our schools many students who would otherwise have remained and completed their studies here. The material for such clinics. is of course, here now, but owing to the great

distance to the institution, as at present situated, it is practically wasted. In the direction of the venereal diseases of women alone, an enormous amount of material for clinical study and vaginal research, is thus cast off from our medical students and practitioners.

To this cause, more than any other, we repeat, with a confidence born of much correspondence and questioning of students and practitioners, is due the fact that our medical colleges, superlatively good in other respects, have for some time past been at a practical stand-still in point of students—the grand total coming here not having increased in a ratio at all commensurate with the increase of our population and commercial interests. They have been captured by other cities whose general educational facilities are far behind ours, but which by a more enlightened municipal management have afforded clinical facilities in the direction mentioned, though otherwise far behind St. Louis in other advantages offered those seeking a thorough medical education.

We therefore repeat to the physicians of St. Louis, without regard to political affiliations, to use their influence with the city officials, to press the suggestion made by us in the outset. Let us have a new Female Hospital, situated somewhere within easy reach of the centre of the city and of sufficient size to accommodate all who are rightfully entitled to its benefits, and provided with all the conveniences and necessities of modern sanitary, hygienic and therapeutic science. Let us have a separate Maternity, also conveniently located and similarly equipped. St. Louis, great and rich, and rapidly growing greater and richer, can well afford both, and at the same time build the much needed municipal buildings. If, however, the erection of either or any must be postponed, let it be the last. Care for the sick women first, and the healthy and well paid officials afterward.

The Cottage Sanitarium.—Drs. A. M. Powell and McD. M. Powell, both of Collinsville, Ill., but well known in St. Louis, and especially to readers of the JOURNAL, have established at or near Collinsville, a "cottage sanitarium" for the reception of patients requiring treatment in such institutions. The consultants in St. Louis are Drs. Walter Coles, N. B. Carson, Wm. Dickinson and J. W. Williamson; the local consultants, at Collinsville, being Drs. H. L. Strong, J. L. R. Wadsworth and E. F. Biewend, all well-known to the medical profession in this city. We wish the enterprise all success and hope that it will receive the support of the profession here and at large.

Microscopy.

Bacteriology not of German but of French Origin.—Our friend, Dr. Pelletan, the venerable but ever combative editor of the *Journal de Micrographie*, neatly turns the tables on certain parties who have written to him complaining of "too much bacteriology" in his journal, and by inuendo, at least, refer to it as more befitting the Germans. "Bacteriology or microbiology" says he, "is not of German, but of French origin. It was M. Pasteur who first comprehended the significance and importance of these new studies, and he first formulated the processes and pointed out the directions which others have but followed." Which is quite true. Pasteur was many years in advance of the balance of European investigators in this direction. This should not however detract from the honors of Koch, Ehrlich and others of the German schools who, following long after, nevertheless blazed out new paths and virtually made a new science of the study of micro-organisms.

Staining and Detection of Gonococci.—The *Muencher Medizinische Wochenschrift* gives the following process of Dr. J. Schütz for differential staining of gonococci: Prepare the cover glasses in the ordinary manner and immerse them for from five to ten minutes in a saturated solution of methyl blue in a five per cent. aqueous solution of carbolic acid. Wash in distilled water and immerse for a few seconds in very dilute acetic acid (one minin of the acid to a dram of water.) Washing in distilled water completes the process, though if desired, a dilute solution of saffranin may be employed as a complementary stain. Otherwise the gonococci will appear stained blue on a quite decolorized back-ground. This process differs in scarcely any degree from that which I have used for a long time for staining gonococci, and I have found it quite good. The ordinary alkaline solution of methyl blue stains the gonococci a deeper blue than the surrounding tissues, and does not readily bleach out from the latter.

Isolation, Staining and Mounting of the Corneal Cells.—The method of His, modified by Ranzier, gives excellent results. Place a small piece of the fresh (unmanipulated) cornea in a mixture consisting of sulphuric acid and distilled water in equal parts, and keep it there for a few moments or until the basal substance softens. Pour off the acid mixture and replace it with distilled water. Lift the bit of cornea to a slide and put on a cover glass, pressing the latter to place with a slight to and fro motion. This suffices to loosen

and separate a vast number of individual cells, or of lamellæ of them, which can be examined *in situ*. A minute drop of a solution of fuchsin (sulphate of rosanilin, or anilin red) may be added, and it imparts a permanent stain to the cells which brings out all the details beautifully. For permanent mounting glycerin should be used. In these preparations the stellate cells, anastomosed by prolongation of the points are finely shown, though the nuclei are not seen. This method also shows the image crests (*crêtes d' empreinte*), now well-known, but with which His, it appears, was unacquainted, or at least he has failed to mention them.

Dr. Pelletan on American Objectives.—In his review of the last volume of the Proceedings of the American Society of Microscopists (Columbus Meeting), Dr. Pelletan after paying a very high compliment to the beauty of the work and the great value of several of the papers, notably those of Professors Kellicott and Burrell, in referring to the paper of Dr. Detmers, says: “The doctor reaffirms that the best German objectives are in no way superior to the best efforts of the best American opticians. I have said in a former article how thoroughly tenable I hold this assertion to be, and declared that I agreed in it completely. I believe that I was first to declare (a long time ago) that poor Robert B. Tolles, so unhappy in his too short career, so long misunderstood in his own country and ignored abroad, was the greatest optician in the world, and I am prepared now to prove that he has never yet been surpassed. I therefore desire to associate myself with Dr. Detmers in the words above quoted and with which he closes his communication.” Strong words these, but while agreeing with Dr. Pelletan (and Dr. Detmers) in all that he can say concerning the excellence of the work of Tolles, I believe that the elder Spencer, who soon followed his friend Tolles to the Silent Land, was as good as Tolles. I believe further that his son Herbert Spencer is second to no living optician; that Gündlach has produced and is producing objectives the excellencies of which cannot be duplicated in Europe to-day, and that for certain grades of objectives those of Bausch & Lomb are absolutely incomparable. American opticians have absolutely nothing to fear in competitive contests, so far as excellence of work goes, with any in the world. I have no patience therefore with Americans who are sending abroad for microscopes and objectives. They can get better at home for the same expenditure of money.

The King Microtome.—The Rev'd. J. D. King, a microscopist of Edgartown, Mass., has devised a new microtome of which we herewith present an illustration. It is said by those who have used it to be a most satisfactory instrument,

cutting any and everything that can be cut by any other instrument of the sort, but is designed especially for botanical work, or for substances which from their hardness and resistance to the knife require the greatest rigidity in construction. I have seen sections which, as nearly as I could estimate (by focal differentiation), were not over the 0.0002 inch, that were cut by this microtome, and it is capable of cutting much thinner, the controlling mechanism admitting of being set to 0.0001. The cut is so plain that it scarcely needs description, but the following will give the main points of its construction:



Fig. 1. The King Microtome. Scale 0.3 Natural Size.

The knife is attached to a heavy nickel-plated iron carriage, *A*, by a steel clamp and shoe, *b* and *c*, with milled head screws, *a*. The carriage runs on a solid iron track, *h* and *B*, which is held to a table by a clamp-screw, *k*. For cutting very hard objects, like the wiry stems of plants, or the chitinous skeletons of insects, there is an attachment with a very stout blade, on the principle of a carpenter's plane, *d*, which screws on to the carriage in place of the knife, and like the knife it can be used straight across or obliquely. Diameter of well, *i*, $\frac{1}{2}$ of an inch, depth of well, $1\frac{1}{2}$ inches, depth of well with chuck, *L*, 1 inch. For cutting soft material, paraffine may be cast directly into the well, or into a chuck, not shown, which is held firmly by being screwed into the bottom of the well. The adjustable chuck, *L*, is intended for harder mate-

rial. Microtome No. 1 gauges to 1-10,000 of an inch by turning the ratchet, *g*, one click, but can be set to any desirable thickness less, by the adjustable arc, *N*. No. 2 gauges to 1-2000 inch, adjustable like No. 1. The King Microtome should not be confounded with "King's Providence Microtome," which is not now in the market; the principle is the same, but the mechanism is very much simplified and improved.

F. L. J.

Dermatology and Genito-Urinary Diseases.

Erythema following the Internal Use of Turpentine.—Erythema after the internal use of turpentine is very rare. Dr. Ernst Feiber details an interesting case of this sort in the *British Journal of Dermatology*. He thinks that the erythema was probably caused in a reflex way from the alimentary canal, although the patient complained of no other symptoms of indigestion, beyond eructations with the taste of turpentine. The first eruption was a pure papular erythema; the second, was a mixed form of oedematous and papular erythema. In spite of the withdrawal of the drug, the eruption became worse, and itching, which had previously existed, became worse. The pruritus continued a short time after the eruption had disappeared, although in a slight degree only. This in Feiber's mind is a proof that the affection was caused by a strong irritation of the vaso-motor centres.

Cutaneous Sporospermism.—J. Darier has contributed some notes to the *Journal de Micrographie* which are of the highest importance to dermatologists. In two cases which had been diagnosed variously as lichen, molluscum contagiosum, *acné cornée*, lichen pilaris, etc., he discovered sporosperms. He states that they are analogous, if not identical, with those found in the liver of the rabbit. They, however, do not undergo their complete evolution in the skin, but he has isolated them and they have developed upon wet sand. The epidermis about the opening of the pilo-sebaceous follicle is the tissue attacked. The same writer contends that sporosperms are the real cause of Paget's disease of the nipple which, as is well known, is an almost certain precursor of epithelioma. He even contends that sporosperms have the property, when they have invaded the cutaneous epithelia, of leading to a proliferation of epithelial cells and to the formation of the "nests" which are characteristic of epithelioma. A new field has been opened for the investigation of dermatologists and should M. Darier be correct in his conclusions, a revolution in the treatment of certain affections will assuredly follow.

A case reported by Dr. James C. White and examined microscopically by Dr. Jno. T. Bowen (*Journal of Cutaneous and Genito-Urinary Diseases*, June, 1889) is strongly suggestive, both in clinical characters and in microscopic appearance, of Darier's sporospermism. It is impossible, with the small amount of space at my disposal to point out these resemblances, but any one interested in this subject will be amply repaid by a careful study of these two papers.

Horny Growths of the Sheath of the Penis.—Drs. Jules Félix and Alfred Stocquart report a rare case in the *Archives de Médecine et de Chirurgie Pratiques*. The patient was a boy of 10 who, at birth, presented a rugous surface at a circumscribed portion of the skin on the left lateral aspect of the penis. This increased and, two years later, a physician snipped off the projecting portions but without benefit. When seen at the age of 10, the appearance presented was that shown in Fig. 2. The entire left aspect was covered

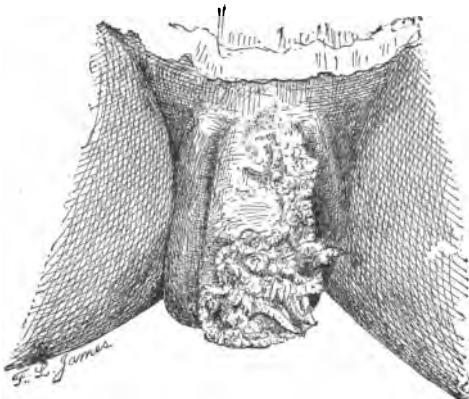


Fig. 2. Horny Growths of Sheath of Penis.

with these spinous growths which were of a dirty yellowish-white color and crowded. These were successfully removed by means of the galvano-cautery, the electrode being a knife-shaped piece of platinum. The entire skin was removed, the incised edges being sutured. The frenum was left intact and a good result secured.

Nævoid Elephantiasis.—Dr. B. Merrill Ricketts some time ago reported a very interesting case in the *Journal of Cutaneous and Genito-Urinary Diseases* which, for the want of a better name, he calls nævoid elephantiasis (Fig. 3). The patient is a bachelor of 40, who has had the disease from infancy. His general health is good. The color of the tumor

is that of the ordinary wine mark, the discoloration extending over an area corresponding to a line drawn from the lower margin of the wing of the nose to the top of the ear on either side, and involves the whole integument of the neck as low down as the clavicle. There are a few scattering hairs on the cheeks, while there are none on the upper lip to the left of the median line. The skin upon the chin has become so



Fig. 3. Nævoid Elephantiasis.

heavy from increased thickness that the lower lip has been pulled down and has become a part of it—so much so that the six front teeth and corresponding gums of the lower jaw are constantly exposed—no trace of it to be seen. There are no hairs whatever upon the integument of the chin, the whole growth having the appearance of a cedar-apple in shape and almost in color.

N. Y. Post Graduate Medical School.—The summer term of this institution opened on June 17th. The fees for this session are one half those of the winter term, and yet the advantages in the dispensary of the school and in many of the hospitals of the city are quite as good as during the winter.

Diseases of the Eye and Ear.

Correction.—In the item on “Substitute for Head Band” in the last JOURNAL the word “ophthalmological” should be otological.

Fresh Hæmorrhage into the Vitreous Chamber.—In the article on this subject in the last JOURNAL I stated: “The danger lies in the probability that repeated hæmorrhages will take place * * * but I am daily expecting (in the case mentioned) a return of the hæmorrhage.” Sure enough, one night last week, with no visible cause, there was an escape of fresh blood into the vitreous chamber, causing complete blindness. Before this the eye had cleared up until vision was almost perfect.

Diseases of the Eye ⁱⁿ ~~in~~ Utero. ^{M 5} ~~MAK 16 1890~~ **Congenital Staphyloma.**—It is now quite definitely settled that occasionally the eye is the seat of disease before the birth of the child. Various deformities of the ball ~~can~~ ^{can} be attributed to more or less active disease of the organ while ~~in~~ ⁱⁿ utero. Dr. Bernheimer reports (*Arch. Oph.* Dec. 1888) a case of congenital staphyloma of one eye, involving ~~the~~ ^{the} entire cornea, while the other eye was normal in every respect. Two dermoid tumors occupied different parts of the staphyloma involving the entire thickness of the changed corneal tissue. They differed greatly from ordinary dermoid tumors which sit, as it were, upon the cornea and do not involve its substance proper. This staphylomatous condition was evidently the result of some intra-uterine disease.

While attending Prof. Arlt's clinic in Vienna I remember seeing an interesting congenital condition in a calf's eye, which a butcher brought to the professor as a curiosity. From the site of the cornea a bundle of large stiff hairs, or bristles as thick as the finger and half as long, projected far out between the lids. The various congenital deformities of eyes, so frequently met with, should be attributed to early intra-uterine disease, rather than be lightly passed over as *lusus naturæ*. Many ocular deformities, as microphthalmos, are spoken of as arrest of development. What other cause than disease can these developmental failures have? I know of no other. As in other parts of the body, disease occasionally attacks the eyes within the uterus.

Strong Solution Nitrate of Silver vs. Boracic Acid in Stubborn Otorrhœa.—During the past winter I treated a young man for an old otorrhœa in one ear. There was a small perforation in the lower portion of the membrane with a free

suppuration from the drum cavity. I treated the ear in the usual way with dry boracic acid and the discharge very soon ceased. After the patient returned to the country he took what his physician called "German measles," during the progress of which profuse otorrhœa returned. I again treated the ear with dry boracic acid, just as before, without any perceptible effect on the discharge. The perforation being quite small, I supposed that the dry powder failed to get into the drum cavity and, remembering that some writers strongly recommended the use of the acid in solution, I used for several days a saturated solution in equal parts of water and alcohol. This I put into the ear from one to three times a day, always first cleaning it well and, in order to be sure that the solution actually entered the drum, I each time pressed it through the drum until the patient could feel or taste the medicine in the throat. This I accomplished by filling the meatus about half full, had the patient blow the air through by the Valsalvian method and, just as he ceased to blow, I pressed the tragus down upon the solution in an air-tight way and thus forced it through the drum into the throat. In this way it is no trouble to force any solution into the drum. But I found after ample trial that the boracic acid *in solution* had no effect in checking the suppuration.

I now determined to try a solution of nitrate of silver, remembering that before boracic acid came into use, I treated all cases of otorrhœa with it and had good success. For several days I used a solution of twenty grains in one ounce of water. This I pressed through the drum into the throat as before, once a day. The effect of this was to diminish the suppuration, markedly, but, after several days' use, a thin, muco-purulent discharge still persisted. I now determined to use a sixty grain to the ounce solution. This I pressed through into the throat as mentioned. *A single application dried up at once all suppuration!* I did not have to use the strong solution even a second time. While I believe that boracic acid is, as a rule, the best remedy for otorrhœa, still, in stubborn cases, in the future, I shall try a strong solution of nitrate of silver, with a good deal of confidence in a good result.

Hysterical Blindness in the Male.—Some months since I published in this JOURNAL an account of a case of hysterical blindness in a young married woman, who became homesick. She suddenly became totally blind, as she alleged. Her sympathetic husband led her home, but the pleasure of seeing her mother was denied her because she was totally blind! The blindness continued for weeks and she had to be led everywhere. Finally the family suspected she was not as blind as she seemed to be and conspired to effectually test the matter. At a given signal a tremendous alarm of fire was raised all

over the house and all ran for dear life. The poor blind woman "took to her heels" and ran as fast as the fleetest and did not run over any chairs and did not fall down the high door steps either. That was the end of her blindness.

Quite recently I published an account of a case of persistent blepharo-spasm of hysterical nature in a young woman, which was instantly and permanently cured by putting on perfectly plane glasses, which of course acted only on the mind of the patient.

But it seems that women have no monopoly on "hysteria of the eyes." Dr. Wm. O. Moore, of New York, reports (*Trans. Am. Oph. Society* for 1888) three cases of hysterical blindness in males, which I very briefly summarize:

I.—A healthy farmer, æt. 25, with good surroundings and without any bad habits, became nervous and inclined to melancholy. He soon complained of failure of vision and then asserted that he was totally blind in the left eye. The examination showed both eyes to be perfectly normal both externally and internally. By holding a prism before one eye double vision was produced, proving that the "blind" eye could see. A few sharp shocks with electricity, with assurances that he would soon be well, restored his vision.

II.—A stout, hearty farmer, æt. 22, thought he needed glasses and his physician used atropine solution in his eyes in order to determine whether he did or not. The atropine blurred his near vision so much, as it always does, that he concluded he would go blind in spite of every thing and became greatly excited. He first put on smoked glasses, then bandages, and then shut himself up in a dark room for ten months, going out only at night and then with his head enfolded in shawls, blankets, etc., for fear a ray of light would get to his eyes and forever ruin the optic nerves! The eyes, externally, were healthy but could not be ophthalmoscoped on account of his fear of the light. The patient declared that both eyes were totally blind.

Diagnosis: Hysterical blindness.

Prognosis: In one week he can return home with both eyes open and perfect vision. He was assured that the physician knew exactly what would cure him *without fail* and advised him to take ether and have the necessary operation made. Consenting, he was profoundly etherized and canthoplasty was done on both sides. On waking up, he opened his eyes and looked around and proved that he could see by asking questions. He was assured the disease had been found and removed and he would soon be well. In a few days he returned home without glasses or shades and wrote back "My eyes seem to be as well as ever."

III.—A boy, æt. 15, son of nervous parents; no bad habits; fond of study; recently disappointed in getting a prize in

school for which he had worked hard. Soon afterwards he became blind in one eye, as he asserted. Vision in the other eye was perfect. The alleged blind eye was normal externally and internally. The prism and other tests developed double vision as in I, proving that there was vision in both eyes.

The treatment consisted in profound etherization. Before he recovered the good eye was bandaged. When he opened the alleged blind eye he asked such questions as proved that he could see perfectly. He was assured that the entire cause of his trouble had been thoroughly removed and he need fear no return. In a few days he likewise returned home to school and has had no return of the trouble since.

These are certainly genuine cases of hysterical blindness in males. In the discussion that followed the report of these cases several similar ones were mentioned by other physicians.

The treatment by profound etherization in such cases is new to me but seems to be very effectual. A decided nervous shock is the essential thing in the treatment. It is immaterial how the shock is produced so that it is marked. Profound etherization certainly acts "powerfully" on the nerves. In addition to the nervous shock the mind must be influenced in some mysterious way. If ever deception is justifiable it is in this class of cases. The physician must at least make them believe that he knows exactly what their trouble is and that he can infallibly cure them. In such cases *assumed* knowledge is just as effectual as actual knowledge, provided it is well played.

A. D. WILLIAMS, M. D.

Excerpts from Russian, Bohemian and Polish Journals.

On the Treatment of Sprained Wrist.—In the St. Petersburg weekly *Russkaia Meditzina*, No. 12, 1889, p. 186, Dr. Alfred A. Falkenberg, of Moscow, points out that severe sprains of the wrist, when treated with plaster-of-paris dressing or by splints and iodine paintings, are followed by a considerable stiffness about the articulations. Hence the author recommends the following plan of treatment which is said to speedily bring about a complete restoration of free mobility of the parts. Having grasped with his left hand the lower end of the patient's forearm, and with his right the patient's hand, the author makes strong but steady traction, and while continuing it, slowly flexes and then extends the limb in the wrist joint. Then a slight *effleurage* (in an upward direction) is made and the limb is placed in a splint and bandaged. The manipulations are repeated once every day.

Creoline Enemata in Dysentery.—In the St. Petersburg weekly *Vratch*, No. 14, 1889, p. 329, Dr. Nikolai P. Osovsky, of Tobolsk, West Siberia, details his experience in the treatment of dysentery by large enemata made of from 5 to 8 fl. pounds of a 0.5 per cent. solution of creoline, and repeated from 2 to 4 times daily. Basing his statements on 16 cases (all ending in recovery) he lays down the following propositions: 1°. The enemata possesses powerful antiseptic and haemostatic properties and are free from any irritant or toxic effects. 2°. Under their influence the patient's stools cease to contain blood usually about the third day of the treatment, sometimes even on the second day, but now and then on the fifth or ninth. 3°. Acute cases with rather violent symptoms seem to improve more rapidly than chronic ones. 4°. The enemata, however, not infrequently (in 4 out of 16 cases) fail to prevent the development of consecutive catarrh of the large bowel.

Peppermint Oil in Suppurative Otitis.—In the Moscow therapeutic weekly *Novoste Terapii*, No. 15, 1889, p. 223, Dr. Evgeny B. Blumenau, of Petersburg, says that following Dr. Leonard Braddon's recommendation, he tried peppermint oil locally, in a series of cases of acute and chronic suppurative otitis. The results obtained were invariably most satisfactory. The remedy acts both as a powerful antiseptic and as an anodyne. Even obstinate, inveterate cases, with a highly offensive discharge, yield to the treatment in a couple of weeks. The mode of application is as follows: A mixture of the oil (2 to 4 drops) with oil of sweet almonds, (1 ounce) is freely instilled into the ear. By the end of from 10 to 15 minutes the parts are washed out with tepid water, after which a woolen cord, 2 or 3 millimeters thick, soaked in the same mixture, is introduced into the meatus. The procedure is repeated daily. [Dr. L. Braddon's paper may be found in the *Lancet*, 1888, March 17 and 24, p. 512.]

On Larvated Malarial Fever.—In the Bulgarian bi-weekly *Meditzinsky Prægled* (Medical Review) Nos. 1 and 2, 1889, p. 23, Dr. Bradel, of Sophia, relates a series of curious cases of larvated malarial fever occurring in female patients aged from 13 to 50. In one there were present anorexia, anaemia, aphasia and hemiplegia; in another, aphasia and right-sided hemiplegia; in a third, neuralgia of the left sub-orbital nerve and general nervousness; in a fourth, frequent faintings, obstinate constipation, praecordial pains; in a fifth, a right-sided convergent strabismus, paralysis of the mouth, aphasia, tremor, hyperæsthesias and bronchitis. In all the patients the examination revealed a more or less considerable enlargement of the spleen, and the occurrence of febrile

attacks. In every one of the cases, malarial cachexia was diagnosed, to be treated accordingly by the internal administration of quinine and arsenic. In the first two complete recovery took place in a few days. In the third the neuralgia disappeared to be replaced by convergent strabismus on the same side; unfortunately, the woman was lost sight of shortly afterwards. In the fourth case the treatment was at once followed by the appearance of typical paroxysms of intermittent fever, which subsequently disappeared under the influence of the same drug in increased doses. The fifth patient similarly made a good, though rather slow recovery.

Mercury in Glanders.—In the Moscow bi-weekly *Meditzinskoie Obozrenie*, No. 8, 1889, p. 788, Dr. P. V. Gold, of Odessa, describes a highly noteworthy case of a robust peasant, aged 30, who was admitted to a local hospital with all (six days) symptoms of sub-acute glanders, including multiple nodes and abcesses scattered over the lower limbs and forearms. The pus was found to contain characteristic bacilli of glanders, and on inoculating a guinea-pig, gave rise to a typical general infection, ending in death on the eleventh day. The diagnosis having been settled beyond any doubt, an energetic mercurial treatment was at once resorted to, in the shape of inunctions of gray salve, *unguentum cinereum*, 1-2 drachm twice daily. Simultaneously, all the abcesses were incised and thoroughly washed out with 1-1000 solution of corrosive sublimate, and a liberal diet with a decoction of quinia prescribed. About the eleventh day the temperature gradually returned to the normal, the nodes commenced to decrease and soften, and the patient's general state to steadily improve. In all, 68 inunctions were made (with due intervals and other precautions against toxic effects.) At the end of three months the man was well and sound. The favorable issue of the case is attributed by Dr. Gold to the parasiticide action of an energetic mercurial treatment. He highly recommends giving an extensive trial to the method both in sub-acute and chronic glanders.

On Diagnosis and Treatment of Cholelithiasis.—In the Bohemian *Sbirka Prednasek z Oboru Lekarskieno*, No. 1, 1889, p. 5, Professor Josef Thomayer, of Prague, draws attention to the fact that gall-stones occur by far more commonly than is generally supposed by the bulk of the profession. According to Bollinger, the concretions are found in 1 out of every 14 dead bodies subjected to the *post-mortem* examination, while Reklinghausen detects the stones even in 1 out of every 4 or 5 necropsies. Clinically, however, the disease is recognized far less frequently, which obviously depends upon its symptomatology being still studied rather insufficiently and

superficially. Jaundice is by no means characteristic of cholelithiasis; neither does it represent anything like a common occurrence; on the contrary, it is met only in exceptional cases (since only the narrowest biliary ducts can be blocked up with small sized calculi, etc.). The patients in question complain mainly of indigestion and gastric pain, however they but seldom localize the pain about the region of the gall-bladder—that is, about the prolonged right parasternal line. Hence, on superficial examination and questioning, the affection may be easily overlooked. In view of the fact that an idiopathic gastralgia represents a very rare occurrence, while cholelithiasis is extremely common. Any complaint about "gastric" pains might, in the first instance, give rise to the suspicion that the patient may suffer from gall stones, which should lead to the examination corresponding to the supposition. As to the treatment, Prof. Thomayer repudiates the traditional administration of Karlsbad mineral water in the cases under consideration, but highly recommends a cautious internal use of calomel which gave, in his hands, most satisfactory results (and which had been eulogized a few years ago by Professor G. A. Zakhariin, of Moscow.) Another useful means, as far as the author's experience goes, is constituted by the internal administration of olive oil, in the dose of from 100 to 150 grammes (as recommended by some American practitioners).

Iodol in Venereal Diseases.—In the Polish weekly *Gazeta Lekarska*, No. 14, 1889, p. 291, Dr. Karol O. Szadek, of Kiev, published an interesting paper on the treatment of venereal diseases by iodol. In all, sixty cases were treated by the drug, in thirty-eight of which, (21 of soft chancre, 10 of syphilitic tertiary ulcers, 7 of suppurating buboes), it was used externally, and that either in the shape of powder, (sometimes mixed with alum or sub-nitrate of bismuth) or in a five per cent. ethereal solution. The ulcer was previously cleansed and dried by means of a piece of cotton wool soaked in a corrosive sublimate solution, after which the surface was powdered, or painted with the ethereal solution, and this covered with dry gauze or absorbent cotton folded several times. In the remaining twenty-two cases, (5 of secondary syphilis, 17 of tertiary,) iodol was given internally, in the dose of from 0.5 to 1.0 gramme, (in some cases, even to 4.0), four times daily, in the form of powder in wafers. The main deduction drawn by Dr. Szadek from his clinical experiments, may be summarized briefly as follows: 1°. In many venereal cases, iodol may be usefully resorted to as a good substitute for iodoform or iodide of potassium, its advantages being freedom from any unpleasant odor or taste, as well as from any untoward accessory effects, except a scanty diffuse rash occurring now and

then in patients taking the drug internally. Still, the internal administration of iodol should be avoided in all patients suffering from renal disease, since the elimination of the drug from the patient's system being retarded, a considerable accumulation of the iodine compound, with toxic symptoms can easily ensue. 2°. Internally the remedy proves to be most beneficial in cases of late syphilis. It is especially indicated as a reliable substitute for iodide of potassium in inveterate cases requiring a prolonged and rather mild iodine treatment. 3°. Externally iodol gives the best results in syphilitic tertiary ulcers (disintegrating gummata) which under its influence, rapidly lose their sloughy, dirty grey appearance and become covered with healthy granulations to quickly heal altogether. 4°. In suppurating buboes the healing process under an iodol dressing makes rather slow progress, (comparatively with iodoform), a complete cicatrization requiring from 20 to 42 days. [It should be added, however, that Dr. Szadek's patients remained up and about during the treatment.] 5°. In soft chancres, iodol, on the whole, is decidedly inferior to iodoform. In uncomplicated and recent cases, the ulcers heal in from 15 to 20 days. In inveterate or phagædemic ones, however, the healing process is considerably retarded and sometimes, (in 5 out of 21 cases), required the adjuvant use of other remedies, (iodoform, salicylic acid, nitrate of silver.) Generally speaking, in men iodol gives better results than in women; this circumstance is to be attributed to a more difficult adjustment of dressings in the latter as well as to the wetting the dressing with urine. Taking all in all, in soft chancres iodol should replace iodoform only in certain cases met in private practice where an inodorous remedy is very desirable. 6°. When the iodol treatment should be resorted to in soft chancres, it is necessary, *a*, to apply the powder only in a more or less thin layer, since a thick one causes retention of the discharges of the ulcer; and *b*, before the application, the ulcer should be cauterized once or twice by carbolic acid or chloride of zinc, or any other caustic means, since otherwise the ulcerating surfaces show a marked tendency to rapidly spread during the first few days of the iodol treatment.

VALERIUS IDELSON, M. D.

Consolidation.—The *Medical Times*, *Medical Register* and the *Dietetic Gazette*, all of Philadelphia, have been consolidated and will hereafter be known as the *Medical Times-Register*. It is to be published as a weekly. Dr. John V. Shoemaker retires from the editorial arena, and Dr. Wm. F. Waugh, a gentleman and a scholar, will assume the direction of the hyphenation.

[July,

Medical Progress.

THERAPEUTICS.

Vulvo-Vaginitis of the Recently Married.—The vulvo-vaginitis of young married women is always a serious affection, for it precedes marriage. When it follows the conjugal embrace it is accompanied by leucorrhœa which is not observed in the chronic form of the trouble. Far from prohibiting connection, it should be encouraged, which will be easily feasible by introducing daily a pledget of charpie, of daily increasing diameter, well covered with the following ointment:

B.	Vaseline.....	3 j
	Menthol.....	gr. ij
	Ext. Valerian	
	Ext. belladon.....	aa gr. iv.
M.	Ft. Ung.	

Ointment in Vaccination.—In the course of a short notice on the proper mode of vaccinating, Dr. C. R. Illingsworth states (*The Satellite*) that he finds the following the best ointment to apply on the eighth day:

B.	Ung. zinci oxidii.....	3 vj
	Acidi carbolici.....	3 ss
	Glycerini boracis.....	3 ij—iiij
M.	Ft. Ung.	
	Sig. Apply locally.	

Antifermenting Powder.—Dr. Dujardin-Beaumetz frequently prescribes the following powders in cases of dilatation of the stomach and in all such cases in which it is desirable to combat secondary fermentations which occur in the stomach and intestines:

B.	Bismuthi salicylat.
	Magnesia carbonat.
	Natri bicarbonat.....aa 3 ijs
M.	Ft. Chart. No. 30.
	Sig. One powder at breakfast and at dinner.
Or, B.	Bismuthi Salicylat.
	Naphthol.
	Magnesia carbonat.....aa 3 ijs
M.	Ft. Chart. No. 30.
	Sig. One powder at breakfast and dinner.

A New Source of Morphine.—We noted some months ago that it was claimed that an alkaloid identical in every respect, had been isolated from the *Eschholzia Californica*, but expressed some doubts as to the truth of the claim. All doubt seems now to be removed by a report from MM. Adrian and Bardet confirming the first reports, and pronouncing the alkaloid to be morphine. Beside a small quantity of this

alkaloid, these gentlemen have also separated from *eschholzia* a more considerable quantity of another undescribed base, as well as indications of a glucoside, and this is consistent with the observation that an extract from the plant produces in cold-blooded animals a physiological effect not brought about by morphine even in large doses (*Bulletin de Therapeutique*). A number of physiological experiments upon animals with an aqueous and an alcoholic extract of the plant, together with the results of the use of the extracts on patients in the Cochin Hospital, are reported upon by Dr. Ter-Zakariant. He is of the opinion that the plant yields a very valuable soporific preparation, which is useful in certain cases as an anodyne, while it is free from the inconveniences attending the administration of morphine.

Ergosterine.—This substance which has recently been added by Tanret to the long list of other constituents of ergot, is obtained by exhausting ergot with several times its weight of alcohol, distilling and washing the extract with ether, which on evaporation leaves an oily mass full of delicate crystals. This is dried, and the crystals purified by several crystallizations, first from alkaline alcohol, to saponify the contaminating oil, and then from pure alcohol. Ergosterin is described as closely approaching animal cholesterin (whence its name terminal) and its vegetable isomers in its properties, but as differing from them in its composition, which is represented by the formula $C_{36}H_{40}O_2H_2O$. It dissolves in 36 parts of boiling or 500 parts of cold 96° alcohol, from which it crystallizes in nacreous spangles; in 38 parts of boiling or 80 parts of cold ether, from which it crystallizes in fine needles, and in 45 parts of cold and in a few parts of hot chloroform.

Puree of Raw Meat.—Everybody who is engaged in the art of healing, says M. Carles in the *Bulletin de Pharmacie de Bordeaux*, knows the value of raw meat in alimentation in cases of fatigue of the stomach and intestines, but we also know how easily patients are disgusted with the same, principally on account of the difficulty of masking the crudity of the meat. As by the aid of a little manipulation I have succeeded in doing this and in preparing a purée of raw meat which patients have been using for a long time, I think I am doing a service to patients and doctors alike in describing my method of preparing it, which is as follows: Take a good piece of meat weighing say 6 ounces and scrape it into pulp, holding it firmly on a board with one hand while with the other you use the knife. Wet the pulp with a few spoonfuls of good strong bouillon (which can be made in the pharmacy with any of the meat extracts) and force it through a sieve. In this manner you separate the tendons and aponeuroses, which are one of the prime causes of the disgust with which

patients sometimes regard the article, and which are besides difficult of digestion. In this condition the meat even when spiced is not palatable, but by the addition of a few spoonfuls of a purée of peas (or beans, but preferably the first) it becomes grateful to every stomach. The chief difficulty has hitherto been in effecting the incorporation at a temperature which shall be grateful to the patient but at the same time shall not be so warm as to affect the nutritive value of the meat (by coagulating the albumen and albumenoids). This can be effected by heating the dishes in which the food is to be served, and adding the purée of peas heated to a temperature of 140° F. and serving at once. A few trials will enable even the stupidest cook to make an acceptable purée.

Pruritus Ani.—A correspondent of *Practice* gives the following which he states is an excellent application in anal pruritus:

B Hydgr. chl.mit.....	3i
Balsam Peru.....	3iss
Carb. acid.....	grs. xx
Lanolin	3i
M. Ft. ointment.	
M. Sig.: Apply once or twice daily after sponging with hot water.	

We have had most excellent results in anal and vulvar pruritus, and indeed in prurites of all descriptions with the following:

B Campho-phenique.....	3i
Lanolin.....	3i-3iss
M. Apply twice daily after washing with campho-phenique (or in its absence plain castile) soap and thoroughly drying the surface.	

Itching is subdued at once, and in ordinary cases, depending on local causes, a cure is rapidly effected.

PATHOLOGICAL AND PHYSIOLOGICAL NOTES.

Nitric Acid in Urine.—The *National Druggist* gives the following, translated from the *Chemiker Zeitung*: A method for detecting free nitric acid in urine is as follows: Dissolve 1 centigram diphenylamin in 10 cubic centimeters of dilute sulphuric acid (1 : 3), add 50 cubic centimeters of concentrated sulphuric acid thereto, and put 2 cubic centimeters of this mixture into a porcelain capsule. The urine meanwhile is reduced to one-fifth of its volume by evaporation in contact with animal charcoal which has been thoroughly boiled with hydrochloric acid and well washed. By this process it is rendered absolutely colorless. A few drops of the urine are now filtered through an asbestos filter and allowed to drop into the diphenylamin solution in the capsule. If the latter re-

mains colorless for one minute thereafter, no nitric acid is present, but if the latter be present a more or less deep blue color is developed.

Mytilotoxin, the Poisonous Principle of Molluscs.—Virchow has demonstrated that the symptoms in poisoning from certain shell-fish, are those of enteritis, and that the molluscs which cause them do not belong to any particular class, and are not necessarily or at all times poisonous, but become so from disease. This disease is caused by the sojourn of the shell-fish in stagnant waters, or waters contaminated by the sewage of cities. M. Briger, according to a paper published in the *Revue Scientifique*, has recently entirely confirmed the views of Virchow. In the course of this article it is stated that Briger has extracted from such molluscs a ptomaine of very high toxicity, to which he has given the name of mytilotoxine. Lustig thereupon undertook an investigation to determine the nature of the sickness which converts edible and non-toxic into poisonous shell-fish, and discovered in the liver two bacilli, closely resembling each other in general appearance. Pure cultures of these microbes developed the fact that one was harmless, but the other was pathogenic, rapidly producing in culture media a peculiarly nauseous odor. Injected into the veins or under the skin, the toxic microbe produced no effects, but ingested by the mouth, or placed in the stomach, it was surely and rapidly fatal to all animals upon which it was tried. It has not yet been determined as an absolute certainty that the microbe in question is the actual cause of the production of mytilotoxine, but it seems highly probable that such is the fact.

Pathology of Naupathia or Seasickness.—In an interesting article on this subject, Dr. Winslow W. Skinner discusses (*New York Medical Journal*) the pathology of this distressing affection and concludes that seasickness, as others have also said, ought not to be considered a disease, certainly not more so than syncope, for instance, with which it has many points in common. Moreover, this affection is not caused or accompanied by any known anatomical lesions; it is only the expression of certain functional or dynamic disturbances of the organism. Affections without known lesions are generally known as psychoses when they affect principally the mind, and neuroses when they affect other functions of the body. He proposes, therefore, to classify seasickness among the neuroses, and, in consideration of the preponderating rôle which the sympathetic nervous system plays in its production, he believes it should be considered as a neurosis of the sympathetic system.

Aspergillus of the Anus.—This exceedingly *rare*, if not unique, affection of the anus has been observed in a ~~case~~ of four by Dr. H. A. Hare (*University Medical Magazine*). He states that on examining the anal opening I found no raw surface exposed to the eye, but extending from the center of the closed sphincter for half an inch on each side was a peculiar downy growth, rather dark in color and closely resembling the ordinary mould seen on vegetable *materias* which is stale and about to undergo decomposition. Removal of this, even in very small amounts, caused a great deal of pain and left a small bleeding spot behind it. Microscopic examination showed the fungus to be the *aspergillus fumigans* and it yielded very nice cultivations on potatoes. Very little is said of the treatment. A mixture of equal parts of olive oil and campho-phenique, however, would be very effective.

GYNÆCOLOGY AND OBSTETRICS.

Acephalobrachus.—Dr. H. C. Dunnivant writes to the *Memphis Medical Monthly* that he recently delivered a woman of a dead child about six months advanced, and while searching for the secundines he discovered another child. After its expulsion he examined it and it presented the appearance shown in Fig. 4. There was no sign of a head and none of a right arm; a short stump with four fingers represented the left arm. The lower extremities were well formed but lapped

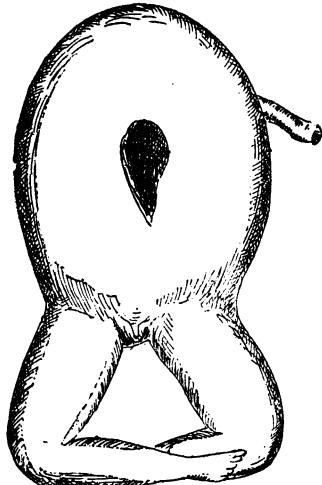


Fig. 4. *Acephalobrachus.*

from the knees, inwardly, with only four toes on one foot and five on the other, one of the latter being on the bottom of the

foot. Where the sternum should have been there was an opening about two and a half inches in width at its upper part; tapering below to a point. This opening exposed the lungs, showing them to be but feebly formed. The heart was small and quite imperfect. As before indicated, there was no sign of brain tissue.

SURGERY.

New Operation for Fractured Patella.—In the course of an operation for the wiring of the fragments of a fractured patella, Dr. Ernest Laplace states (*New Orleans Medical and Surgical Journal*) that the only drill he had broke. Rather than leave the operation undone he resorted to the following procedure: The ligamentous fibres of the accessory band of the *vastus internus* and the capsular ligament were cut through both to the inside and outside of the limb, and the fragments of the patella, both above and below, were lifted from their position; a curved needle, armed with stout silver wire, was passed above and behind the superior fragment of the patella, and then passed inside and under the lower fragment of the patella. Three such sutures were used—an external, a middle and an internal one. The ends of each suture were then twisted, bringing the fragments in close apposition. The ends of the twisted threads were turned down, and the skin carefully sutured.

Catgut Mats for Intestinal Anastomosis.—At the late meeting of the Alabama State Medical Association, Dr. John D. S. Davis stated that these mats are made by coiling a large catgut ligature four times, so as to have an oval opening of any dimensions, and held in position by four ordinary catch forceps, until the mat can be woven by means of a needle threaded with a small catgut ligature. Dr. Davis' experimentations with apposition catgut mats in intestinal anastomosis have been highly satisfactory. They are quite as absorbable as Senn's decalcified bone plates; more easily and quickly made; as readily applied; and have the advantages for securing the threads for coaptation that can never be attained in the attachment of the coaptation threads to the bone plates.

French Medical Press Association.—The medical journals of France have formed an association whose object is to study and protect the interests of the medical press. The association is to meet quarterly in February, May, August and November, each meeting to be followed by a banquet. Thus far there are 30 journals represented.

Book Reviews.

Atlas of Venereal and Skin Diseases. With Original Text by PRINCE A. MORROW, A. M., M. D. Fasciculus XIII. [New York: William Wood & Co., 1889. Sold by subscription only. \$2.00 per part.

In this fasciculus are given some excellent pictures. Plate LXI, illustrating elephantiasis of the leg, and of the scrotum, is very good. The pictures are from cases of Dr. Araujo, of Rio Janeiro, who has succeeded very well in the treatment by electrolysis as published in the third part of his *Atlas*. Plate LXII presents us with a good picture of alopecia areata, that of leucoderma being only fair. Keloid and fibroma (Plate LXIII) are superior illustrations of these diseases. This is one of the best plates in the collection. Plate LXIV is devoted to xanthoma and rhinoscleroma, of which good delineations are given. The treatment of the former by electrolysis is not mentioned. Still it is, all in all, the best that has yet been offered as it causes the disease to disappear and is not followed by any deformity. Xeroderma pigmentosum is well shown in Plate LXV. The text is, as usual, good and complete with the exception of a few omissions. The letter press is excellent, but the proof reading has been rather loosely done in some parts. Thus on page 257, we find *Moncoro* for *Moncorvo*, *Manson* for *Manton*; on page 258 *Aranjo* for *Araujo*, etc. These are pardonable, however, and do not detract from the usefulness nor the value of this *Atlas* which, we understand, has met with marked success in its sales. O.-D.

The Student's Text Book of the Practice of Medicine.
By ANGEL MONEY, M. D., London. 12mo., 458 pages.
[London: H. K. Lewis, 135 Gower St., W. C. 1889.

The name of the author, well known in his own country, and enjoying a growing reputation as a medical writer in this country, is enough to arrest one's attention and cause a careful, more careful than usual, perusal of the "Preface" and then a study of the text, in order to see whether the promise has been fulfilled.

"The author has attempted to produce a very concise book of modern medicine which may, he hopes, prove useful to those who are beginning the study of medicine, to those preparing for examination, and practitioners who have no time or inclination to peruse treatises. To give a right conception of disease and its treatment has been more the aim of the writer than to state all that has been written about it, etc."

The promise has been well kept, and a book very useful for a little more than a superficial review is the result. The

portion treating of pathology of the various conditions under consideration, is concise and clear. The portion relating to the treatment of the various diseases is very good. Several portions impress us as very peculiar: *e. g.* a page only is devoted to the subject of "Catarrh"; a page only to "Diseases of the Larynx"; in fact, in all diseased conditions affecting the head and upper air passages we think that the writer has sacrificed clearness in order to be terse. In considering the subject of "Diseases of the Skin" the author crowds everything into the small space of eighteen pages yet gives a pretty clear idea of his subject. The exanthematous diseases are very well portrayed. "Diseases of the Nervous System" has been dwelt upon at the greatest length, and justly so, we think, as the importance of this subject is rapidly gaining prominence in the estimation of the thinking and investigating practitioner of medicine.

We welcome this little "multum in parvo" to our medical library.

A Manual of Diseases of the Ear, for the use of Students and Practitioners of Medicine, by ALBERT H. BUCK, M. D. 8vo. pp. 420. Illustrated. [New York: William Wood & Company. 1889. Price, extra muslin, \$2.50.

In 1880, in "Wood's Library of Standard Medical Authors," Dr. Buck's "Diagnosis and Treatment of Ear Diseases" caused very favorable comment. Since that time the author has had occasion to modify both his views and treatment of many ear troubles, and has thought it best, and justly so, we think, to enlarge the scope of his work. As it is at present published it is adapted both for the practitioner and student of medicine.

For the benefit of the practitioner and specialist numerous cases from practice have been interspersed throughout the text. While this practice is somewhat decried by many reviewers, we think that it is one of the best points of the work. Where failures in cases have occurred as much can be learned by the thinking reader as where success has attended the efforts of the author. It is through this method of illustrating the text that the reader can best judge what credence to place in the original, or, as some would call it "peculiar" ideas of the author. That portion relating to diagnosis and treatment is practical and thoroughly up to the times.

Dr. Buck's volume will rank as one of the thoroughly practical and useful works on the ear.

A New Case of Leprosy has been discovered in the Harlem Hospital of New York.

[July,

Literary Notes.

The Memphis Journal of the Medical Sciences is one of the latest bantlings. Several well-known physicians of Memphis, Tenn., will mount the tripod.

The Medical Examiner is devoted to the interests of physicians who act as medical examiners for the army, navy, civil service, life insurance companies, etc.

Progress is now edited by Dr. Dudley S. Reynolds in conjunction with Dr. J. M. Matthews; the latter having decided to once more take a hand in wielding the paste-pot and scissors.

Newport, the programme of the American Medical Association, views of the famous watering place and other items of interest, forms a handsomely gotten up souvenir, issued by the Lambert Pharmacal Co.

The Medical Press of Western New York is no more. The June number is the last, as it has been merged in the *Buffalo Medical and Surgical Journal*. This consolidation was effected for the purpose of promoting "the grand object of fraternity and professional harmony."

The Journal des Maladies Cutanees et Syphilitiques has just appeared under the editorship of Henri Fournier. It is eminently practical in character and its object is to popularize the study of dermatology and syphilography. At the present rate of increase the number of publications devoted to this special department of medicine, will soon be a score.

Books Received.—The following books have been received which will be reviewed in due course of time. Morrow's *Atlas of Venereal and Skin Diseases*. Parts 15 and 16. Published by Wm. Wood & Co., N. Y. *Elements of Histology*, by E. Klein, M. D., F. R. S., issued by Lea Bros. & Co., Philadelphia. *A Guide to Therapeutics and Materia Medica*, by Robt. Farquharson, M. P., M. D., F. R. C. P., L.L. D., American Edition enlarged by Frank Woodbury, A. M., M. D., published by Lea Bros. & Co., Phila. *The Physiology of the Domestic Animals*, by Robt. Meade Smith, A. M., M. D., F. A. Davis, Phila. and London, publisher.

Pamphlets Received.—The following pamphlets have been received and we here take the opportunity of returning thanks to authors for the same: *Some Circulatory and Sensory Disorders of Neurasthenia*, by J. H. McBride, M. D. (Reprint from *Alienist and Neurologist*, January, 1889); So-called "Varicocele" in the Female, by Henry C. Coe, M. D.,

M. R. C. S. (Reprinted from *The American Journal of Obstetrics and Diseases of Women and Children*, No. 5, 1889); Dilatation of the Sphincter Ani—Its Prophylactic and Curative Virtues, by J. G. Carpenter, M. D.; The Etiology, Pathology and Treatment of Acute Catarrh of the upper air Passages, by J. G. Carpenter, M. D. (Reprinted from the *Journal of the American Medical Association*, April 13, 1889); Constitutional and Local Treatment of Acute Catarrh of the Upper Air Passages, by J. G. Carpenter, M. D. (Reprinted from the *Journal of the American Medical Association*, April 20, 1889.) Un Case de Laryngite Tuberculeuse primitive, etc., par le Dr. Gouguenheim et F. Tissier (Extrait des *Annales des Maladies de l' Oreille du Larynx, du Nez et du Pharynx*.) Is more Conservatism desirable in the Treatment of the Joint Diseases of Children, by A. B. Judson, M. D. (Reprinted from the *Medical Record*, May 18, 1889); The Rational Method of Preventing Yellow Fever on the South Atlantic Coast, by J. C. LeHardy, M. D. (Read before the Medical Association of Georgia, at Macon, Ga., April 18, 1889); Black Tongue, by Frederic J. Leviseur, M. D. (Reprinted from the *New York Medical Journal*, Jan. 12, 1889.) Irritation and the Treatment of Ringworm of the Scalp, by Fred. J. Leviseur, M. D. (Reprinted from the *Medical Record*, June 1, 1889.)

Concerning the Differentiation of Black Pigment in the Liver, Spleen, and Kidneys from Coal-Dust Deposit, by Frederic Gaertner (Reprint from the *Microscope* for May, 1889.)

Melange.

Dr. Thos. F. Rumbold, of this city, was made an honorary member of the Colorado State Medical Society at its late meeting held in Denver.

The American Surgical Association has elected the following officers to serve during the ensuing year: President, Dr. D. W. Yandell, of Louisville; Vice-Presidents, Drs. Claudius H. Mastin, of Mobile and C. B. Nancrede, of Philadelphia; Secretary, Dr. J. R. Weist, of Richmond, Ind.; Treasurer, Dr. P. S. Connor, of Cincinnati; Recorder, Dr. J. Ewing Mears, of Philadelphia.

Priority of Laparotomy for Gunshot Wound of the Abdomen.—Dr. Geo. E. Goodfellow, of Tombstone, A. T., claims to be the first to operate for gunshot wound of the abdomen. The patient, a man of 47, was shot on July 4, 1881, and was operated on July 13. Six holes in the intestine were sutured and the bullet was neither hunted for nor found. The patient was discharged, cured, Aug. 19, 1881.

The Illinois State Medical Society elected the following officers at its last meeting: President, Dr. John Wright, of Clinton; First Vice-president, Dr. J. P. Mathews, of Carlinville; Second Vice-President, Dr. T. M. Cullimore, of Jacksonville; Permanent Secretary, Dr. D. W. Graham, of Chicago; Assistant Secretary, Dr. L. Ware, of Chicago; Treasurer, Dr. Thos. M. McIlvaine, of Peoria. Place of meeting, Chicago.

Kentucky State Medical Society.—The following officers were elected at the last meeting of the above named society to serve for the ensuing year: President, John A. Ouchterlony, Louisville; First Vice-President, Wm. Jennings, Richmond; Second Vice-President, R. L. Wills, Lexington; Permanent Secretary, Steele Bailey, Stanford; Assistant Secretary, John Y. Brown, Henderson; Treasurer, J. B. Kinnard, Lancaster. Henderson was chosen as the next place of meeting, and J. S. Letcher as chairman of committee of arrangements.

A Rude Shock.—Dr. Walter Lindley, one of the editors of the *Southern California Practitioner*, came home from San Francisco, after the meeting of the California State Medical Society, highly, elated over the fact that he had been elected the President of that body. His happiness, however, was considerably marred when, the second day after his arrival, he was notified that a suit for \$20,000, on account of alleged malpractice, had been filed against him. Of course Dr. Lindley will successfully defend himself but he will, nevertheless, be a loser in time and money, despite the fact that he gains his suit.

A Boy with a Tail.—We read in the *Popular Science News* that an instance of a human being with a caudal appendage is described and illustrated in a recent number of *Le Naturaliste*. A young Moi boy of Cochin-China is the possessor of this superfluous organ, which is about a foot in length. Similar examples have been noted before, but this one is the best authenticated. The "tail" is simply a mass of flesh, and contains no bony frame. It is uncertain whether it is really an example of reversion to a former type, or only a freak of nature, but the matter is of great importance in its bearing upon the doctrine of descent, and merits the most thorough investigation.

Medical Journals.—Dr. W. W. Dawson, in his presidential address to the American Medical Association, referred thus to medical journals:

Medical journals, metropolitan and provincial, are the heralds, the vanguards of medical progress, the exponents of

professional culture. They are closely associated with the colleges in education and in post-graduate instruction. In them appear the best thoughts of the best men; they constitute the great forum of intellectual combat; upon their pages pretension is analyzed and estimated, and worth recognized; that which is new or original is endorsed, or rather encouraged; it is only the plan, the original investigation which is endorsed; the results, the conclusion must be subject to the crucible of test and trial.

Association of Acting Assistant Surgeons.—The Association of Acting Assistant Surgeons of the United States Army held its first annual meeting at Newport, R. I., on Monday evening, June 24, 1889. Seventy-seven members have been enrolled. The following list of officers were elected for the ensuing year: President, A. Reeves Jackson, M. D.; Vice-Presidents, J. L. Ord, A. J. Comfort, D. S. Lamb; Treasurer, R. J. Dunglison; Registrar, Benjamin L. Holt; Recorder, W. Thornton Parker; Council, H. M. Deeble, S. S. Turner, W. E. Sabin, H. R. Porter, J. W. Pratt, H. E. Turner, S. B. Stone, John S. Warren, S. O. L. Potter, E. W. Thompson, and John T. Nagle. Applications for membership should be addressed to W. Thornton Parker, M. D., Narragansett Pier, R. I.

The New Jersey State Medical Society.—At the late meeting of the New Jersey State Medical Society the following officers were elected for the ensuing year:

President.—B. A. Watson, M. D., of Jersey City.

Vice-Presidents.—James S. Green, M. D., of Elizabeth; E. J. Marsh, M. D., of Paterson; and George T. Welch, M. D., of Keyport.

Corresponding Secretary.—William Elmer, Jr., M. D., of Trenton.

Recording Secretary.—William Pierson, M. D., of Orange.

Treasurer.—W. W. L. Phillips, M. D., of Trenton.

Standing Committee.—T. J. Smith, M. D., of Bridgeton; D. C. English, M. D., of New Brunswick; and J. G. Ryerson, M. D., of Boonton.

The New Quarantine Station at the Entrance to Delaware Bay.—It will be remembered that Congress, at its last session, appropriated a considerable amount of money for the equipment of seven quarantine stations, five for the Atlantic Coast and two for the Pacific. Of this appropriation about \$75,000 was assigned for the establishment of a thoroughly equipped station for the protection of the Delaware Bay and River. Heretofore the only safeguard against the introduction of contagion below the Lazaretto has been the little hospital of the United States Marine Hospital Service near Lewes,

simply designed for the treatment of sick or wounded seamen, with no adequate provision for the isolation of those suffering from infectious diseases. So well has this service been administered, however, that it has on several occasions detained and disinfected pest-laden vessels and their crews, and thus stayed at the threshold causes which might have resulted in disastrous epidemics had they gained admission. At or near this point the Legislature of Delaware has offered to cede to the United States the land necessary for the proposed buildings and appurtenances. The Secretary of the State Board of Health of Pennsylvania, Dr. Benjamin Lee, has been designated a Commissioner on the part of the United States to meet Commissioners appointed by the State of Delaware, and, in conjunction with them, to locate and fix the boundaries of this reservation. The preliminary will be speedily settled, and work will be begun at an early date. The fumigating steamer for the station is now in process of construction at the Pusey and Jones Company's extensive works at Wilmington, Delaware.

Officers of the American Medical Association.—At the late meeting of the A. M. A., the following officers were elected and appointments made:

President.—E. M. Moore, of Rochester, N. Y.

Vice-Presidents.—J. W. Jackson, of Missouri; W. W. Kimble, of Minnesota; J. H. Warren, of Massachusetts; T. B. Evans, of Maryland.

Permanent Secretary.—Wm. B. Atkinson, of Philadelphia.

Treasurer.—R. J. Dunglison, of Philadelphia.

Librarian.—C. H. A. Kleinschmidt, of Washington, D. C.

Judicial Council.—N. S. Davis, of Chicago; J. H. Brown, of Kentucky; Wm. Brodie, of Michigan; R. C. Moore, of Nebraska; — Gillespie, of Tennessee; T. A. Forster, of Maine; J. B. S. Jones, of Georgia.

Trustees of the Journal.—T. O. Hooper, of Arkansas; Alonzo Garcelon, of Maine; I. N. Love, of St. Louis; W. W. Dawson, of Cincinnati.

Address in State Medicine.—A. L. Carroll, of New York.

Committee to fill vacancies in the appointments to deliver General Addresses.—Drs. William Brodie, J. H. Murphy, and I. G. Morris.

Place of next meeting, Nashville; Time, the third Tuesday in May.

Chairman of the Committee of arrangements, W. T. Briggs, of Nashville.

Assistant Secretary, G. C. Savage, of Nashville.

Brain Surgery.—In his address on Surgery, at the meeting of the American Medical Association, Dr. P. S. Conner stated that the most recent and the most brilliant triumphs

have been in the treatment of diseases and injuries of the brain and cord. Nowhere else have our art and science so joined hands in affording relief as here. Tumors removed, foreign bodies taken away and their tracks drained, convolution-centers excised, serous effusions tapped, life preserved and comfort secured ; so reads the record. Much remains to be done in the determination of the trouble, the exact localization of the mischief, the perfection of technique. Not seldom mistakes will be made, errors committed, but it will be more and more demonstrated that the trained mind and the skilful hand working together can recognize and successfully treat otherwise irremediable affections within the skull and spinal column. As the operative procedures necessary for the exposure and removal of the spinous processes and laminæ of the vertebræ are but little dangerous, and as septic meningitis can almost certainly be prevented, a change may reasonably be looked for in the treatment of vertebral fractures, especially those in the lower half of the column. Up to this time the cases in which active interference has been made have almost always been those of long duration, in which existing inflammatory changes in the cord, if nothing worse, could not but prevent any favorable result ; but even in these, of late, the patient has been none the worse for an operation. Without doubt, early removal of pressure, whether made by bone or blood it matters not, would save many a one from all those deplorable conditions consequent upon myelitis with which we are unfortunately too familiar.

Mortality and Vital Statistics of the United States.—
We have received the following from the Superintendent of Census :

DEPARTMENT OF THE INTERIOR, Census Office, }
WASHINGTON, D. C., May 1, 1889. }

The various medical associations and the medical profession will be glad to learn that Dr. JOHN S. BILLINGS, Surgeon U. S. Army, has consented to take charge of the Report on the Mortality and Vital Statistics of the United States as returned by the Eleventh Census.

As the United States has no system of registration of vital statistics, such as is relied upon by other civilized nations for the purpose of ascertaining the actual movement of population, our census affords the only opportunity of obtaining near an approximate estimate of the birth and death rates of much the larger part of the country, which is entirely unprovided with any satisfactory system of State and municipal registration.

In view of this, the Census Office, during the month of May this year, will issue to the medical profession throughout the country "Physician's Registers" for the purpose of obtaining more accurate returns of deaths than it is possible for

the enumerators to make. It is earnestly hoped that physicians in every part of the country will co-operate with the Census Office in this important work. The record should be kept from June 1, 1889, to May 31, 1890. Nearly 26,000 of these registration books were filled up and returned to the office in 1880, and nearly all of them used for statistical purposes. It is hoped that double this number will be obtained for the Eleventh Census.

Physicians not receiving Registers can obtain them by sending their names and addresses to the Census Office, and, with the Register, an official envelope which requires no stamp will be provided for their return to Washington.

If all medical and surgical practitioners throughout the country will lend their aid, the mortality and vital statistics of the Eleventh Census will be more comprehensive and complete than they have ever been. Every physician should take a personal pride in having this report as full and accurate as it is possible to make it.

It is hereby promised that all information obtained through this source shall be held strictly confidential.

ROBERT L. FOSTER,
Superintendent of Census.

Removal of Vesical Calculi.—We extract the following from the *Medical Record* of a late date:

Dr. W. T. Briggs, of Nashville, Tenn., read a paper on the choice of operation for the removal of vesical calculi in the male. There is no *best* operation for the extraction of urinary calculi. Every case of stone has its special indications, and the best results will be attained by the surgeon who has a thoroughly practical knowledge of all plans of operating, and who appreciates the paramount importance of selecting the operation best adapted to the case under consideration.

The data from which a choice is determined are:

- 1°. The age of the patient.
- 2°. Size and consistence of the stone.
- 3°. The recurrence of the stone.
- 4°. Condition of the urinary apparatus.
- 5°. The results of the different methods.

It is almost universally conceded that in children under sixteen years of age lithotomy is one of the most successful of the major operations. The writer had operated on seventy-one children by the medio-bilateral method, and all fully recovered.

The writer thinks it may be safely concluded that in children under sixteen years of age the cutting method should be chosen, as the safer and better method of removing vesical calculi.

After puberty, and even in advanced age, crushing is the operation *par excellence*, and when the environments of the case have been favorable it has proven eminently successful.

The various methods of operation were discussed.

The medio-bilateral method is the choice of the writer, for the following reasons :

1°. That it opens up the shortest and most direct route to the bladder, passing in a straight line from one-third of an inch anterior to the verge of the anus to the neck of the bladder; it facilitates the introduction of instruments and the extraction of the calculi.

2°. It divides parts of the least importance. The incision following the median line does not encounter any structure of importance, nor does the slight bilateral section of the deeper parts do violence to tissues of vital consequence.

The following deductions were drawn :

1°. No operation is adapted to all cases.

2°. Litholapaxy is incomparably superior to lithotrity, and should always be practised in selected cases.

3°. The suprapubic should be chosen for extraction of very large and hard stones.

4°. The medio-bilateral should be chosen in all other cases.

In adult life the death-rates alter somewhat in favor of litholapaxy. As the prostate and urethra enlarge, and the parts about the neck of the bladder become more vascular, the danger incident to cutting through them increases. On the other hand, the increase in the size of the parts makes the performance of litholapaxy comparatively easy and safe. In old age the rates of mortality are overwhelmingly in favor of litholapaxy. While the dangers attending all the cutting operations have increased very greatly, the mortality after crushing is very little higher than it was earlier in life.

In childhood, it would seem wise to use litholapaxy for all small stones or stones of moderate size, and for stones of larger than this to do lateral lithotomy, except when they are very large, and then suprapubic cystotomy is to be resorted to.

In adults we are led to regard litholapaxy as the operation of choice for stone-removal. In old age the same indications are to be followed as in the adult, except that it is to be remembered that perineal incisions are especially dangerous in old men, and not to be undertaken for the removal of stone without urgent reasons.

Railway Spine.—One of the most curious developments of modern medical study, (*Med. & Surg. Reporter*), and one with an extremely important practical bearing, relates to a form of disorder following railway accidents, which is known by the name of "railway spine."

To those unfamiliar with the manifestations of this disorder, it would appear almost incredible that it should play so serious a *rôle* in the lives of persons who have received injuries which often seem far from severe, and be so often the occasion of protracted medico-legal contests. But one who has studied its phases, under circumstances favorable to a just discrimination between actual morbid phenomena and the simulations which are sometimes practised in order to wring money from a rich corporation, will not wonder that it is regarded as a very grave matter by medical experts, and that they warmly resent the common impression that it is frequently only a form of malingering.

There can be no doubt that instances occur, in which an avaricious patient and a willing or pliable physician unite to over-estimate the damage done by a railway accident; but these cases are far more rare than is often supposed, and there is, on the whole, more danger of error in being too skeptical of the real existence of a condition for which no better name has yet been suggested than "railway spine," than there is in recognizing it and endeavoring to estimate it justly.

The cases which give most trouble are those in which there are few or no evidences of gross lesions in the spinal cord or its surrounding hard and soft parts, but in which there are manifestations of nervous disorder, following an accident and attributed to it, which may be deliberately affected from motives of cupidity. To discriminate between sufferers and pretenders, under these circumstances, is by no means an easy or a pleasant task for most medical men. But much help may be gained for the task by a study of what has been written by men of experience in such cases. A valuable paper on the subject, by Dr. Dercum, of Philadelphia, is in the Department of the *REPORTER* for Pamphlet Notices. In this pamphlet Dr. Dercum describes the classes of injury which are likely to follow blows or falls upon the region of the spinal column, and gives a very instructive review of the principles which should guide a medical witness in deciding upon the actual condition of a person who claims damages for such injuries. We cannot repeat, or even summarize, his conclusions; but would call attention to one point in particular in regard "railway spine," and this is, that there are not a few cases in which, with no gross lesions whatever, a person who has never been nervous, or timid, or hypochondrical, develops all these characteristics after a railway injury. In women—as Dr. Dercum points out—this alteration of character sometimes takes the form of hysteria, while in the case of men precisely the same condition sometimes follows participation in a railway accident. To give the condition the name of hysteria may be—except for the etymological error of the term—scientifically correct; but to permit this to blind one to

the realness of the misfortune would be a grave injustice to the subject of it.

Here is the most delicate question which can arise in the mind of a medical witness; and we believe that it is not untimely to say this word, to fortify any of our readers who may find it hard to meet the objections of counsel for railroad companies, who often honestly think medical men too prone to testify to the existence of evils which are not actually present. The medical witness ought not to ignore the possibility that a claimant for damages may be assuming or exaggerating the appearance of real nervous disorders; but no more ought he to permit himself to be deterred from doing justice to the victim of a railway accident, because there is a natural prejudice against charging whatever follows such an accident to it.

Simple Cures.—One thing will strike the thinking physician with surprise, says the *Maryland Medical Journal*, and that is, however, or it might be said, the more intelligent a patient is, the more he likes to be humbugged and the more he can be deceived. Everyone has noticed how soon a patient loses faith if the medicines are not occasionally changed, or if the same line of treatment be too long persisted in, even though it be attended by improvement. As the physician relies on nature for assistance in cure, it follows that his duty is to direct the patient into the most favorable path toward recovery, and, if necessary, let nature work out the rest. Thus it happens that a prescription may be a change of climate and rest. One would think that patients able to travel would be only too glad to go when it is best for them and give up taking drugs, but not so. How often does one hear the complaint that the physician has sent a patient to such or such a place because he did not know how to treat him, or because he wished to get rid of the patient.

The cure is so simple that the patient cannot understand it. He thinks he is being properly treated when he is kept under the physician's charge at home and given medicines and made to take exercise with regularity and with disgust. It is the simplicity of the cure that the average man fails to understand. We all know that when a certain great man mentioned in Holy Writ wished to rid himself of the leprosy how he drove off to the prophet, who was also a healer, and how he pictured to himself the whole scene of his healing, and yet when the prescription was given, or rather sent to him by a servant to go bath in the river Jordan seven times, the simplicity of the treatment quite upset him and the revulsion from his idea of how he should have been treated to his prescription sent by a servant was so great that it took much persuasion to make him do as he was told and be cured.

Let anyone visit the winter or summer resorts, the water cures and health resorts and they will hear the poor doctors scolded by the very people who are improving without taking medicine. A certain amount of superstition will hang around medicine and so long as this continues so long will physicians treat their patients accordingly.

At the last meeting of the New York Academy of Medicine for the present season the plans for the academy's new building were exhibited and explained by the architect, Mr. R. H. Robertson, who is a son-in-law of Dr. T. M. Markoe; after which there was a collation and social reunion.

Prof. James N. McLane has been elected president of the College of Physicians and Surgeons in place of the late Dr. John C. Dalton, and Prof. Thomas M. Markoe, vice-president.

Tuberculosis in Fowls.—In the Report on Public Health in the *Dublin Journal of Medical Science*, Sir Chas. A. Cameron says that from 3 to 4 persons per 1,000 living, die annually in Ireland from tuberculosis: the *ætiology* of this disease is therefore a subject, the importance of which it would be difficult to over-estimate. Since the discovery of the bacillus of tubercle, the sources of the disease are the more readily traceable; that the milk of tuberculous cows was capable of communicating the disease to man was alleged and rendered probable before the discovery of the bacillus had proved the zymotic nature of phthisis. The disease may be regarded as one common to many species of animals, for the differences noticed between bacilli found in man and those detected in the ox and other animals are slight and unimportant. The frequency of its occurrence in the animals used as food for man was best known in the case of the ox. Under the operation of the Contagious Diseases (Ireland) Act, nearly two thousand cows were slaughtered in 1888 with the view of stamping out contagious pleuro pneumonia. The calves were, with few exceptions, free from the disease, but the healthy cows were killed because they had been on the same pastures or in the same yards with diseased cows. During the examination of the carcases of those cows at the Dublin Corporation Abattoir, no fewer than 4.9 per cent. were found to be more or less affected with tubercle. Dairy cows seem to be most frequently affected with this disease, a fact which I attribute to the insanitary conditions under which they are generally kept, and to the longer duration of their lives as compared with bullocks. I have rarely found tubercle in the pig or sheep, especially the latter, probably because those animals are slaughtered earlier in their life than the cow or even the bullock.

The transmission of tuberculosis to man from the lower animals can no longer be regarded as a *quaestio vexata*; on the other hand, it seems probable that the disease may not infrequently be conveyed from man to the lower animals—for instance, by a consumptive dairymaid to the cows she milks daily. There are three ways in which the virus of the disease may enter the system—by the lungs, the alimentary canal, or by inoculation. Dr. Tappenheimer, of Meran, in 1887, dried the sputum of a phthisical subject, and caused it to pass as dust into the atmosphere of a small chamber in which healthy dogs had been placed. After several exposures to this dust-laden atmosphere the animals were killed, and were found to be affected with tubercles.

Tappenheimer's experiments, in which the phthisical sputum was given to dogs in their food, gave negative results, but other experiments have proved that the sputa, saliva, milk, tubercular secretions, etc., taken from diseased animals gave rise, when swallowed, to tuberculosis in calves, pigs, fowls, etc. The inoculation with tuberculous matter has produced the disease in numerous instances, and cases are on record in which human beings have contracted the disease owing to tubercular secretions coming into contact with sores or abraded surfaces on their hands.

From the evidence given in 1888 before the Departmental Committee on pleuro-pneumonia and tuberculosis in the United Kingdom it appears that the order of liability of man and domesticated animals to contract tuberculosis is as follows:—1, man; 2, milch cows; 3, fowls; 4, rodents; 5, pigs; 6, goats; 7, sheep; 8, horses; 9, carnivora—dogs, cats, etc. The disease, however, rarely occurs amongst the domesticated carnivora.

I was one of the witnesses examined before this Committee, and I stated that I had met with many cases of tuberculosis in the domestic fowls. The affected fowls often came under somewhat peculiar circumstances. For example, in 1887 two dead hens were sent to me for the purpose of examining them for poison. The owner stated that he had lost nearly fifty fowls within the previous three months, and that he believed their deaths must have been caused by poison, accidentally or maliciously administered. No poison was detected in the viscera of these hens, but I found their lungs extensively affected with tubercles. On making inquiries, I learned that there was a consumptive patient in the house of the gentleman who had sent the hens. It was pretty clear that the sputa of the patient had been picked up by some of the hens, or that the inspissated sputa (it was in the middle of summer) had been inhaled by the animals. I have little doubt but that the disease was communicated from one hen to another. It seems that before the phthisical patient came to

the house (to die as proved) no disease had been noticed amongst the hens. The malady must have spread rapidly amongst the fowls, and have proved fatal in a very short time. In the two hens examined the tubercles were confined in one case to the lungs, but in the other the liver and spleen were greatly enlarged and much affected with tubercles. The bacilli were smaller than those which are found in man, but they appeared otherwise to be identical. The fowls were very thin, and would have brought but a poor price from the poult-erer. On several other occasions fowls suspected to have been poisoned submitted to me for examination were found to be affected with tuberculosis, and I have one case of the kind at present in my laboratory. I have every reason to believe that fowls, and especially hens, are very often affected with tubercle. They are nearly always close to houses where sputa, recent or desiccated, are generally to be found. They often roost in the sleeping rooms of the poor; they are, therefore, peculiarly liable to contract tubercular disease from man. Does man contract this disease from them? That is a question which I am disposed to answer in the affirmative. If fowls affected with this disease be not thoroughly cooked the bacilli which they contain may enter the body without being deprived of their vitality. A very short immersion in water at a temperature of 100° C. is, no doubt, sufficient to kill the mature bacillus, but the spores of the deadly microbe are not so easily destroyed—they may retain their vitality even when present in flesh which has been thoroughly cooked. I frequently examine cows affected with tuberculosis, and invariably condemn their carcasses, regardless as to their condition otherwise and regardless as to the distribution of the tubercles. Indeed I seldom meet with tubercle in the flesh of cows except when they are very old and wasted. The safest plan is to condemn every carcass of animals intended to be used as food for man in which the bacilli of tuberculosis are detected.

In concluding this brief article I may mention that the *Gazette Médicale* for August 15th, 1886, contains an account of the transmission of tuberculosis from fowls to a woman. Dr. de Lamallarée, who reports the case, states that the fowls acquired the disease by devouring the expectoration of a woman far advanced in phthisis, and that another woman who ate some of these fowls in an undone state speedily contracted the disease.

The Brooklyn Throat Hospital—A new hospital for diseases of the throat, nose and ear has been inaugurated on Bedford Avenue, Brooklyn, says the *N. Y. Med. Jour.*, a public reception having been given on the evening of June 19th. The hospital has temporary quarters in the upper part of the building which contains the Eastern District post-office. It

has ten rooms only at the present time, but all its appliances are of a modern and approved description. Dr. Reuben Jefery is the chief of staff. Dr. W. A. Dayton, of New York, will be the aural surgeon, and Dr. W. O. Moore of New York, the ophthalmic surgeon. Dr. F. E. West will have the pulmonary room, together with Dr. W. L. Cary. The New York Post-Graduate Medical School will assist in the development of the clinical opportunities in this large new field.

Hydrophobia.—The *New York Medical Record* treats of this subject in the following manner: It is getting somewhat trying to the patience to read the vapid and foolish reiterations of certain estimable gentlemen who don't believe in Pasteur, or hydrophobia, or preventive inoculations. The ebullitions of weak judgment and inconsequent logic can be tolerated occasionally, but they should not be allowed to overburden current medical literature. There is nothing better established in science than the existence of rabies, both in man and the lower animals. The investigations of careful and conservative experts, such as Mr. Victor Horsley, support the views and endorse the work of M. Pasteur. Those that deny its value should first show themselves capable of judging experimental work, and cease to juggle with figures, or work themselves into rhetorical fury over questions which they so conspicuously misunderstand.

The Beef-Tea Fallacy.—There is no article of diet for the sick which has been more over-rated than the one designated as above (*Canada Medical Record*). At least ninety-five out of every hundred of the public, including medical men, believe that beef-tea contains all the nourishment of the beef from which it is made; or at any rate they order it and trust to it as though it did. In many long and wasting diseases in which the battle between life and death depends upon nourishment of the patient we frequently find both patients and attendants depending almost entirely on the watery part of beef, or on the water in which it has been soaked or boiled. Let any of our readers who wish to ascertain how widespread this belief is ask a hundred or so of their patients, "What do you do with the beef from which beef tea has been made?" and they will, with few exceptions, and generally with surprise, reply, "Why, throw it out, of course!"

The writer well remembers the surprise with which the ladies of the Diet Dispensary in this city received his recommendation to make this beef into meat cakes with the addition of potatoes, onions, pepper and salt. The suggestion was accepted, and thus from twenty to fifty pounds of the beef-steak was saved from destruction daily, and a great many hungry families were thereby satisfied. The number of pounds of good meat annually wasted all over the world must

number many hundreds of thousands. No one ever thinks of feeding a patient on the water in which eggs have been poached. Yet the difference, in the opinion of those who have studied the subject, is not so very great. In beef-tea you have none of the albumin, none of the fat, and only a little gelatin with a solution of salts. In fact, dogs fed on the strongest beef-tea only die after about the same period of time as those fed on water alone. These last experiments were made so long ago that we forget where they were reported. All that can be said in its favor is that it is a pleasant stimulant, and consequently finds its place in acute and depressing cases in which the patient can be trusted to live on his own tissues for a short time. In many cases patients soon tire of it, and can hardly be induced to swallow it, while in others it causes severe diarrhoea. It is possible, too, that owing to the gelatin, which has been chosen by bacteriologists as the best material with which to make culture fluids, it may favor the progress of such diseases as are characterized by the growth of microbes in the digestive tract. As we stated in a former article on typhoid fever, the temperature seems to range one degree higher when the patients are fed on beef-tea.

Perhaps in most cases it would be better to throw away the beef-tea and give the patient the beef, properly masticated or artificially digested.

Local Medical Matters.

A large delegation of St. Louis physicians left for Newport to attend the meeting of the American Medical Association held there.

Our local weekly cotemporary has announced an early enlargement of its size. We are pleased to note these signs of increasing prosperity.

It is said that a number of changes, startling and otherwise, have taken place in some of our medical colleges. To those who can read between the lines the coming announcements will furnish some food for thought.

It is proposed to enlarge *Medical Chips* at no distant date. This lively monthly is soon to undergo improvements which will increase its value to its readers materially, and lighten, in some degree, the labors of its editors.

Dr. C. H. Hughes, who has made himself so well known by his numerous contributions to neurological literature, has been the recipient of a very flattering notice in the *Medico-Legal Journal*. A biography of the editor of the *Alienist and Neurologist*, accompanied by a very good picture, occupies a prominent position in the last number of the organ of the medico-legal society of which Dr. Hughes is a member.

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Original Contributions.

**HYPHOGENIC, COCCOGENIC AND BACILLOGENIC SYCOSIS. BY DR.
P. G. UNNA, Hamburg, Germany.**

There is scarcely a department in dermatology in which the great idea or principle of Parasitism has not operated toward advancement, enlightenment and (what was here so necessary) simplification. I say the principle of parasitism, because the fructifying influences of the same reach far beyond the mere point where the chain of positive demonstration has thrown itself around some particular parasite and some definite form of skin disease and linked them together. We experience this progressive, educating influence in our daily clinical work, enabling us, it may be, to trace the etiology of forms of disease, hitherto considered identical, to differing parasitical causes, and thus to differentiate them; or, it may be, to discover a common parasitical cause for a series of manifestations and thus for the first time, make clear their relationship.

This influence is felt, naturally enough, most strongly in those fields of dermatology wherein an exact demonstration of parasitism has already been made. And here I would call especial attention to the fact that we speak not merely of new (uninvestigated) skin diseases, but of those dermatoses as well, whose cause has for a long period been ascribed to micro-organisms. For happily we are no longer so simple as to believe that in a skin disease having the clinical aspect of herpes tonsurans, for instance, we can by a microscopical ex-

hibition of hyphen and spores make exact demonstration that a certain fungus, viz., trichophyton is the cause thereof. We have learned only too well that such absolute demonstration can be made only by isolation and inoculation of the fungus obtained by pure culture. Indeed, we are just now in condition to say that we do not know that this particular fungus, trichophyton, is the cause of a simple disease (trichophytosis)¹ and that right here the work must be taken up at the beginning, exactly as with most other skin diseases.

The subject of sycosis furnishes us a striking example on this very point. It sounds almost ridiculous in the light of our present knowledge, to hear the best authors of the past decade prating in sober earnest of a parasitic and non-parasitic sycosis! True, Köbner, Bärensprung and Hebra, Sr., rendered good service in their day when they raised the question of a difference between the ordinary *folliculitis barbae* and the knotty form of sycosis harboring hyphomycetes. But here their progress stopped. For twenty long years (1867-1887) the simple, easy doctrine was taught that there is one form of sycosis which is caused by the common trichophyton and another by simple "inflammatory processes," and, according to Wertheim, even mechanical disturbances of the beard follicles—the one as undemonstrated as the other improbable.

A sudden termination to this highly unsatisfactory condition of affairs came in 1887, when Bockhart² succeeded in demonstrating that the ordinary pus cocci, under certain circumstances, and among others by irruption into the hair follicles, could set up a sycosis of the skin, and that a sycosis so caused presented the typical phenomena of the disease known by this name. With a single blow the entire structure toppled over, and where, up to this period we had been compelled to resort to a flood of verbiage to conceal our ignorance concerning the ordinary sycosis, one sure fact, determined by exact demonstration, by pure culture and inoculation, made everything clear. Where, on the contrary, we thought that we knew something certain—that is in regard to trichophytosis of the beard—it became only too plain that, on account of the lack

(1.) NOTE.—At present it is simply probable that the diseases known under the common name of *herpes tonsurans* and affecting the heads of children, the beard of adults, the bare skin, the nails, etc., owe their origin to closely related but not identical causes.

(2.) *Monatshefte f. Prak. Derm.* Dec. 1887, p. 450.

of this very experimentation by pure culture and inoculation, we were still a long ways from any exact knowledge.

Coccogenic sycosis became suddenly one of the best understood of skin diseases, while the hyphogenic sycosis (for such we must provisionally call it) was relegated to the limbo of those diseases of the skin which the younger generation of dermatologists of to-day rightfully claim as belonging to their experimental domain.

And already we have to register a third form of parasitic sycosis, whose discovery was made by means of pure culture and inoculation, and which therefore has reached the sure basis of exact experiment in advance of the only form of the disease formerly recognized as of parasitic origin (the hyphogenic). This differs from both the others in that it is bacillogenic, and it was demonstrated in my laboratory, by Dr. Tommasoli to be a distinct form of sycosis. But before I describe the clinical characteristics of this disease it is best that I bring to your attention somewhat more accurately the clinical differences existing between the only two forms of sycosis hitherto known.

The starting point of hyphogenic sycosis (the so-called *herpes tonsurans barbae*) lies, as is well known, within the substance of the hair itself. It is, indeed, a peculiarity of the hyphomycetes that they do not develop in liquids but upon the surface of the same, and that they thrive best upon moist solid substances. The hyphomycetes, therefore, which affect the skin are found in the horny layer of the epidermis; in the hair they are found in the narrow clefts between the horny cells, above the border where the lymph circulates freely between the epithelium.

The hyphomycetes which cause sycosis penetrate deeply into the hair follicle. The invasion of the hair papillæ, the cutis and even the subcutaneous substance, is often maintained, but hitherto not supported with evidence. In consequence of this invasion the hairs become brittle. On attempted epilation they break either just above or just below the level of the skin. Epilation is painless but attended with meagre results.

The staphylococci attack the hair bulb in a totally different manner. They thrive in the midst of the fluids of the textures, but an independent invasion of the horny substance is forbidden them. The hair is therefore never the first seat, nor

point of departure, of the disease, but rather the lymph space first, the fibrous coating next and finally the structural portion of the follicle. Pinkus has incidentally called attention to the broad space between the hair and the root sheath as a road or path for invading coccii. Fortunately this space terminates, normally, as a blind pocket at the point where the root sheath is not completely cornified. When, by traumatism or by mechanical friction with material containing coccii, this cleft is stretched at the blind terminal in such a manner that some of the coccii get into the canal and there proliferate, the invasion of the follicle by coccii is rendered possible, and coccogenic syphilis makes a beginning.

It is late before the hair substance is altered in this case, and not until a considerable lapse of time after an oedema of the root sheath and the fibrous layer of the hair follicle has occurred. The hair never becomes brittle, but kinks up, and up to this latest stadium epilation of the sound hair is very painful, but results in the withdrawal of the shaft entire.

As in the method of invasion, so throughout the further stages, the clinical characteristics of the two affections are radically different, especially in what concerns the immediate surroundings of the follicle.

Hyphogenic syphilis exhibits large tubercles which reach down into the subcutaneous tissues and there become broad based. These are very soft, often quite fluctuating, and cause but little pain. They appear to be studded with the broken-off stumps of trichophytic hairs.

Coccogenic syphilis also converts the hair follicles into tubercles, but these are small and firm, lie entirely within the cutis, are hard to the touch, hot, painful and usually crowned with a small pustule.

The intermediate interfollicular skin in hyphogenic syphilis is frequently not at all affected, especially in the onset of the disease. When, however, this occurs, the syphilis appears in the form of an epidermal desquamating eruption, with but little tendency to inflammation (displayed either as a deep redness around the edges or as a blister)—in short pityriasis, if you will, or psoriasis-like.

Coccogenic syphilis may also leave the inner skin for a long time intact, but in the course of time it is always involved, at

least at those points where the follicles are very close together. The skin is strongly and diffusely reddened, shining, tightly stretched, hot to the touch, and either free from desquamation or but slightly affected in this direction. It quickly thickens and becomes swollen, by a strong infiltration of the entire cutis, into thick plates, which beneath the nostrils become condylomatous pads. Here we have to deal with a true dermatitis—an inflammation of the entire cutis, resembling erysipelas.

The same fundamental differences of the two forms of sycosis occur in their course from day to day. The hypogenic folliculitis begins acutely and progresses ruthlessly from hair to hair. As the fungus invades the hair substance itself and is spread by the daily manipulations of combing, brushing, washing, etc.,—by handkerchiefs, napkins, pillows, but especially by the finger nails, it finds no boundary save that of the beard itself, passing from the chin and cheeks to the moustache, but stopping at the hair of the head. It is for this reason that we say that while it is, very likely, closely allied to the *trichophyton tonsurans* which affects the scalp in childhood, it is not identical therewith (See Note, *ante*). Here also (in the *trichophyton tonsurans* of childhood), the infection from hair to hair is confined to a definite region within which, however, it progresses steadily, without a halt, and relatively rapidly.

Altogether different is the case in coccogenic sycosis, where the march of infection is controlled not so much by the nature of the capillary substance itself as by the nature and method of its insertion in the body, and by external auxiliaries. Like the last mentioned, the progress of coccogenic beard areas varies within the widest limits. In cases where the infection proceeds by means of pus cocci from the nose as a starting point, it may be confined for months, or even years, to the portion of the upper lip directly under the nose, which is kept excoriated by wiping the latter with the handkerchief. In the same manner infiltrated, pustule-covered areas may remain stationary for a very long time, upon the chin and cheeks, when circumstances are not favorable for the spread of the infection.

Generally, however, the manipulations which have been mentioned, and still more, an insufficient salve therapeusis, serve to slowly but surely spread the coccogenic sycosis over the hairy skin. For if the medicaments which are used have

no power to destroy the cocci, the rubbing serves to infect the follicles with certainty. This then in no manner stops at the boundary of the beard but often rises above this sufficiently to get in front of the ears up to the hair of the head. I remember seeing some extraordinary cases of this sort, in which the entire hairy scalp was affected by a coccogenic sycosis.

In other cases a single manipulation may have the same result; for instance, shaving with a dull razor on a skin infected but superficially, may at one stroke infect a large number of follicles and immediately cause an acute attack of coccogenic sycosis. The spread is generally slow, irregular, progressive, but not limited to any particular region, the course on this account being eminently chronic.

So the spread of both diseases from case to case stands in most intimate connection with the aforementioned and shows the typical difference. The hyphomycetes of *hyphogenic* sycosis requires only a single infection, in order to affect the whole beard rapidly; it is not in its nature endemic. On this account we find by careful observation that this form of sycosis occurs in small epidemics spread from some barber shop. Such was an epidemic I observed in 1882, among the employes of a street car line, and which had spread from one barber shop. Since that time *hyphogenic* sycosis has shown itself much more common here as it has in Leipzig and Berlin, although not observed as frequently as in Paris.

Contrary to this, *coccogenic* sycosis is everywhere endemic. For the originators of this form are present everywhere, being the universal pus-cocci. It is not necessary that clinically similar cases be present to call this trouble into being. A furuncle, a simple impetigo, a phlegmon, any suppuration, even the dirt under a nail which has been used for scratching is sufficient, under some circumstances, to give rise to a coccogenic sycosis which will last for years. Especially is the pus-cocci-laden dust dangerous, as it becomes attached to the vibrissæ of the nostrils, remaining there and facilitating the entrance of the cocci into the follicles of the mustache when blowing the nose, being rubbed in as it were. The limitation of the occurrence of coccogenic sycosis therefore does not depend, as in the *hyphogenic*, in the limited occurrence of the parasites but in the necessity of favorable opportunities for its implantation.

So too, the course of both diseases is, in typical cases, the widest and most different. Nothing is easier than to cure a fresh case of *hyphogenic sycosis*, which is, by the by, also in sharp contrast to the *herpes tonsurans* of the scalp of children. For our parasiticides not only attack directly the point of origin of the disease—the hairs—but the causative *hyphomycetes* is killed by the simplest and weakest agents of this class. Even after the formation of considerable tubercles, the treatment of the affection is a relatively simple and even pleasant task.

In contrast to this, the final and rapid healing of a coccogenic sycosis is one of the most difficult problems within our knowledge. Nevertheless it is in this that is to be noted a marked advance, for which practice once again has to acknowledge thanks to theory which precedes it. Since we have learned simple epilation does not reach the deeper and more powerful disease masses in the lymph spaces of the noncorneous epithelia and of the hair bulb; that by this means we only produce a means of entrance for a more extensive infection, that further rubbing and kneading with infected ointments can only give rise to a new eruption and must necessarily do so, the therapeusis by exclusion has become much more rational and more rapidly effective.

That a cure may take place without any disfiguring bald spots or scars is also a matter which concerns therapeusis entirely. A *hyphogenic sycosis* should be cured without leaving any visible traces; for the suppuration and with it that of the hair-bulbs do not belong clinically to the pure form.

In coccogenic sycosis, on the contrary, if left to itself the necessary result is to observe here and there the total suppuration of the follicle with the formation of scars. Nevertheless, a pustular affection of the upper half of the hair-bulb, may exist for a long time without the appearance of the above results. However, should the lower part of the hair-bulb be transformed into a pus-sac, the prickle layer being broken up and destroyed, the bulb will be filled with connective tissue scars. To obviate this final result is one of the particular objects of treatment.

But because this final result is dependent upon the recognition of the suppuration, I wish to say here a few words on this last as it is a very important point in the differential diagnosis.

So far I have only compared the pure cases of both diseases. But it must not be forgotten that in old cases, the sharp boundaries of both dermatoses may be somewhat obliterated, because after the long continuance of hyphogenic syphilis the coccogenic form is generally added to it. Indeed considering the ubiquity of pus-cocci, it would be remarkable did such a thing not occur. For, through the destruction of many hairs by the hyphomycetes there are effected so many points of entrance for the cocci. Through the avenues, opened by the hyphomycetes, the cocci are enabled to penetrate into the subcutaneous tissues more rapidly, and in addition, cause extensive phlegmonous processes such are not met with in purely coccogenic syphilis. Indeed, the broader and up to the present unsolved, if not difficult, question presents itself, whether the tubercles of hyphogenic syphilis are not indebted for their existence to the infiltration of some cocci following the hyphomycetes, or if this strong inflammatory oedema is caused by the presence of the latter alone. In a word, it is a question whether these tubercles are due to a mixed infection or not.

But the occurrence of this mixed infection disturbs but very little the visible contrast, from all pathological points, between hyphogenic and coccogenic syphilis.

What is the relationship to these two opposite conditions, of the third, new, *bacillogenic* form? Of course the necessary *a priori* impression immediately suggests itself that this form is intimately connected with the coccogenic and equally remote to the hyphogenic.

In a case of syphilis at my clinic, which clinically presented the appearance of a mild coccogenic syphilis, Tommasoli obtained at the commencement of the disease, a culture of bacilli with no trace of an admixture of pus-cocci. The bacilli were short rods, somewhat thick, with rounded ends, elliptical in form. They do not liquefy gelatin; upon inoculating it with a needle, yellowish white, nail cultures with a smooth head are formed. They grow most rapidly and characteristically upon potatoes as a thick, yellow, mucoid growth, which spreads a very unpleasant odor, and around which the potato assumes a dark green color. Morphologically this bacillus ranks next to the *B. parvus ovatus* (Höffler and to the *B. pyogenes fœtidus*, Passet. It is distinguished from the former by its innocuousness to rabbits, from the latter by the whitish yellow

color it assumes in potato cultures. On this account I have, in conjunction with Tommasoli in particular, called it *Bacillus sycosiferus foetidus*.⁸

By inoculating pure cultures upon the skin of rabbits and upon his own skin, Tommasoli obtained typical sycosis. In the latter he obtained the same picture as that presented by the original disease which furnished the material. There appeared red, indurated papules at the sites of the hair-bulbs, which carried at their apices small pustules. The intervening integument was red, the touching of the papules being painful; still more so in epilation, which brought forth apparently healthy hairs. Placed upon plates, the latter gave pure cultures of the *Bacillus sycosiferus foetidus*, although the contents were the minimum of pus accumulation whether of bacilli or of pus-cocci. The latter were found in the pus of pustules which appeared during the treatment, and obviously transformed a pure case to one of mixed infection.

As the bacilli as well as the cocci are incapable of invading the horny layer, they can only call a sycosis into being by way of the hair-bulb. After the marked case in my clinic, and that produced by experimental inoculation on himself by Tommasoli, it was seen that the symptoms of bacillogenic sycosis are very similar to those of a light coccogenic. The tubercular folliculitis attacks chiefly the upper portion of the hair-bulb; it suppurates but sparingly in the follicle of the hair-bulb; the inter-follicular coat shows a strong erythema, but less swelling and infiltration than in the coccogenic form; the course is chronic and apparently dependent upon further conditions of infection. It does not lead to suppuration attended by scarring. Besides this, bacillogenous sycosis is much less frequent than coccogenous. But it is very possible that, in a short time, we may find a much more frequent occurrence than we have heretofore observed.

To me at least it appears that some of the cases of what has heretofore been looked upon as mild cases of coccogenic sycosis are really bacillogenic, so far as can be determined from the mild clinical appearance, especially in the case of mild interfollicular disease with a small amount of suppuration.

(8). Further details upon this subject may be obtained from the following: Ueber bacillogene Sykosis, von Dr. P. Tommasoli: Monatshefte f. Prak. Dermat. 1889, Heft 11.

The rapid development, even revolution in the study of sycosis, which we have observed during the few past years, is a beautiful illustration of the value of a systematic experimental science, which has released itself from the bondage of the dogmas of Hebra's catechism.

SUSPENSION IN THE TREATMENT OF AFFECTIONS OF THE SPINAL CORD. By ALEXANDER B. SHAW, M. D., Professor of Diseases of the Mind and Nervous System and Electro-Therapeutics, Beaumont Medical College; Consulting Neurologist, St. Louis Insane Asylum, Alexian Brothers Hospital, St. Louis Railroad Hospital, Etc.

(Concluded.)

On May 1, 1889, D. D. Stewart, M. D.⁽¹⁾ read a paper before the College of Physicians of Philadelphia reporting the treatment of fourteen cases of disease of the spinal cord by suspension, of which cases 1, 2, 3, 4, 6, 7, and 8, were locomotor ataxia, (second stage). Case 5 was locomotor ataxia, (first stage). Cases 9, 10, and 11 were primary spastic paraplegia. Cases 12 and 13 were combined lateral and posterior sclerosis and case 14 was one of sub-acute dorso-lumbar meningo-myelitis.

He closed his paper as follows:

The total number of suspensions made in these cases is upwards of 352. In the tabetics, the symptoms which were first and most strikingly relieved were the ataxia and the lancinating pains; improvement in these occurred in all, and after a very few suspensions; and that, if any relation existed between the early appearance and extent of the improvement and the duration of the disease, it is a direct one; the more chronic cases being those most promptly and decidedly benefitted. The improvement in these two symptoms was so prompt and decided that it may well be considered truly remarkable.

Bladder and rectal difficulty, present in two of the tabetics, and increased sexual desire present in one, have disappeared. Diminution in, or loss of, sexual desire, present in five, has improved in but one. Tactile anæsthesia has much improved in three and slightly in one; not at all in four. A somewhat

(1) The Medical Record, June 8, 1889.

melancholic condition, present in five of the tabetics, disappeared after a few suspensions. This was not due directly to the suspensions, but was rather secondary to the lessening of the pains and ataxia. In none of the eight has the knee-jerk returned, even with reinforcement.

In the three spastic cases, diminution in the paralysis, rigidity, and spasm has been striking in one and slight in another; in the third, no change has occurred in these symptoms.

In one of the ataxic paraplegic cases ataxia and paralysis seemed to be lessened after the second suspension. Unfortunately, this improvement was not maintained, possibly because suspension was not persevered in. The other case writes me that there has been marked improvement in gait and pains.

In the case of myelitis, the improvement in the paraplegia and in the general condition has been decided.

It may be safely asserted, from the favorable results obtained in nearly all of the tabetic cases, that suspension is of great service in locomotor ataxia, but, whether palliative merely or actually curative, the time has not arrived for definite reply. It is certainly of use in lateral sclerosis; and, in myelitis, the decided improvement produced in one case, in which absolute paraplegia had existed for over six months, commends its trial in others. As an adjunct to other modes of treatment, its utility is beyond question.

Apropos to a question quite frequently propounded to-day, we make the following extract:¹²

“ HOW DOES SUSPENSION ACT IN LOCOMOTOR ATAXY? ”

“ 1°. It has been ascertained that in tabes, posterior spinal meningitis habitually accompanies the pathological changes in the nerve tubes of the posterior columns. The pia mater is found congested and thickened at the level of the posterior columns, * * * it appears to me highly probable that part of the influence of suspension, by which the spinal cord is efficiently stretched, is owing to the *breaking down of adhesions from chronic meningitis*, thus allowing a freer transmission of nervous influence along the nerve tubes. * * * The neuroglia, from being originally soft and yielding, grad-

(12) Julius Althouse, M. D., *The Lancet*, Apr. 13, 1889.

ually, as the disease progresses, loses its cells and nuclei, becomes firm, hard, and fibrous, and is liable to cicatricial shrinking. * * * Now it seems to me allowable to assume that by the process of stretching the spinal cord, *the overgrown and unduly hardened neuroglia may be loosened and broken down*, with the effect that these nerve tubes which have to some extent survived the sclerotic process are freed from compression, become better nourished, and may thus be enabled to transmit the nervous influence more efficiently than before. Apart from this, however, I have come to the conclusion that suspension has, in a number of cases, a beneficial influence on the medulla oblongata, as it stimulates the centres for vaso-motor and cardiac action and for digestion. * * * In a large majority of my cases the appetite and digestion have improved, and mental depression has been lessened or improved.

"The forms of nervous disease for which my personal experience leads me to think that suspension is applicable are the following:—1. Locomotor ataxy in the second stage. 2. Paralysis agitans. 3. Spastic spinal paralysis. 4. Amyotrophic lateral sclerosis. 5. Functional nerve prostration, more especially where there is feeble action of the heart; loss of appetite; and severe mental depression."

The recent plausible explanation as to the action of suspension in tabes, offered by Althaus, indicates that permanent benefit may result from this method, provided that the further progress of the disease can be arrested by other means, and that it has not advanced to complete destruction of the nerve tubules; and that even where its advance cannot be thus stayed, temporary good may still be accomplished by suspension. Althaus' ingenious explanation applies equally to other degenerative diseases of the cord than tabes, and if it is true of the chronic degenerations, in which the pathological changes originate in the nerve elements and the over-growth of connective tissue is secondary, it is, theoretically, far more so of inflammatory processes which, starting in the connective tissue, cause, primarily, at least, far less damage to the nerve tubes. In chronic inflammations of the cord or its investing membranes which are stationary and are encountered before the contracting perineural tissue has, by compression, done more than interfere with the nutrition and conductivity

of the fibres, not irreparably damaging their structure, the effect of suspension should be curative; for, by stretching the

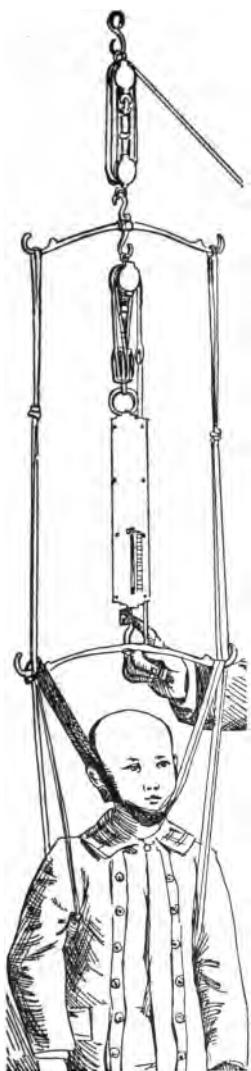


Fig. 5. As used for Suspension.



Fig. 6. As used for Weighing.

[Upper Cross-Bar not shown in Fig. 6.]

cord and the thickened and adherent membranes, the inflammatory tissue pressing upon the axis-cylinders will be loosened

and broken down, setting free the latter and permitting them to resume their functions.

All of the suspensions reported by Motchowkowsky, of Odessa; Charcot, of Paris; Abadie, of Paris; Onanoff, Mendel, Barnhardt and Eulenberg, of Berlin; Dana, of New York; Simpson, of Canada; Waitzfelder, of N. Y.; Stewart, of Philadelphia; Althaus, of London; Saundby, of Birmingham; and others, have been made by means of the Sayre's suspension apparatus. A feeling that danger lurked in this crude mode of suspension, which is rendered a certainty by the report of a fatal result in *Le Praticien* for May, 1889, lead me to contrive the suspension apparatus shown in figures 5 and 6, which was made for me and is for sale by the A. M. Leslie Surg. Instrument Co. of St. Louis.

This device secures *a*, ready adaptation and facility of application to any sized individual without changing length of straps.—*b*, Completeness of control of patient.—*c*, Suspension entirely by either shoulders or head, or by both conjointly, and equally, or conjointly yet unequally, to any desired degree, to the fraction of a pound.—*d*, Exactness as to amount of tractile force exerted at any moment on the neck.

Its use prevents intentional as well as unconscious deception by the patient as to the amount of weight he is supporting by his head, thus placing the operator without the pale of possible mistakes. It affords an accurate basis for dosage of traction and reports of results. In short, it secures perfect precision, which is the essence of science. It will readily be seen that the scales and attached pulleys when detached afford an instrument peculiarly adapted to the accurate stretching of long peripheral nerves, and of reducing luxation. And the surgeon will discover in this invention the most perfect apparatus yet devised for suspending those suffering from spinal diseases and deformities relegated to his domain. And lastly by removing the head strap and shifting the ropes from the upper to the lower cross-bar and fitting a piece of board into the loops at their lower extremity, a perfect office weighing outfit, much needed by insurance examiners, is secured.

So many perfectly reliable observers working in the interests of science and humanity present such a consension of opinion regarding the beneficial results to be obtained from suspension in certain diseases of the spinal cord that I am

convinced that benefit will accrue from its use in many cases of tabes dorsalis, Friedreich's disease, neurasthenia, impotence, paralysis agitans, transverse myelitis, spastic spinal paralysis and amyotrophic lateral spinal sclerosis. And I shall also give it a trial in chorea, disseminated sclerosis, hysteria, epilepsy, myoclonus multiplex, myotonia, monospasm, lumbago, sciatica and other allied affections.

Of 64 suspensions made by me during the last four weeks in 15 cases, one had 10; one had 8; four had 7, and two had 6 treatments; the remainder have had but one séance each. Seven of these cases are under the care of Drs. A. W. Fleming and D. Hochdorfer at the county farm.

The following is an abstract of the clinical record kept by Dr. Fleming:

Simon Derst. Tabes. 4 suspensions; walks better than for six months past.

Fred. Altmeyer. Cerebro spinal sclerosis. 8 suspensions; walks more and steadier, walks around building without falling, could not do so before.

Fred. Henckle. Tabes dorsalis. 7 suspensions; judging by objective symptoms this patient has made the greatest progress. Before using suspension he could hardly get away from his bed, but now walks throughout the ward without the use of a stick, his general condition is improving.

Nick Ziegler. Tabes. 7 suspensions; dragging sensation along spine; slight pain in legs while suspended; walks better.

J. McAvoy. Myotonia. 7 suspensions; spasm less persistent; legs more limber; does not spread feet as much as formerly when walking.

Henry Duensines. Paralysis agitans. 7 suspensions; pain in neck while hanging; legs do not cramp so much; walks very much better, for the first time in months; can now walk without having his eyes fixed on stationary object; is greatly pleased with the results of treatment.

Henry Lillie. Transverse myelitis. 6 suspensions; legs feel stronger; retains urine longer; urinates more freely; can now sleep without paroxysms of twitching; not so much tremor in leg.

I am also suspending a patient suffering from Kraurosis vulvæ for Dr. Ohmann-Dumesnil, with so far such results as we think justify continuance of the treatment.

The other cases in which I am performing suspension are neurasthenia, spastic paralysis and myelitis, but so few suspensions have been made in them that any opinion as to results cannot be formed.

The technique of the performance of suspension as practiced by me is as follows:

Placing the patient directly under the apparatus, adjust axillary supports and halter, padding the latter at the back of the neck with a piece of thick felt. Now elevate the patient from the floor by traction on the cord playing on the upper set of pulleys. Then lift such amount of patient's weight as may be desired, from the axillary supports, by pulling on the cord playing on the pulleys to which the spring balance is attached.

Usually, first suspensions do not exceed 30 seconds. If well borne, their duration is increased from 30 seconds to one minute at each successive suspension until the patient is permitted to hang from four to five minutes.

Suspensions are performed every second day. During the first suspensions I seldom lift more than 40 pounds of weight by the head; but usually increase about twenty pounds at each succeeding suspension unless the patient complains of too much pain in the jaws or neck, until the entire weight of the patient is supported by the halter.

Every ten seconds, while the patient is suspended, I gradually, yet quite rapidly, elevate, then lower, the cross bar, supporting the halter in which his head is swung by pulling on the cord playing over the pulleys to which the spring balance is attached, so that the desired amount of traction or stretching will be made. The amount of the tractile force exerted will be indicated by the spring balance. While the above is a description of the usual plan of procedure, I have in some cases, where suspension was remarkably well borne, allowed the patient to remain hanging steadily by the neck as long as two and a half minutes, the spring balance indicating in one instance that 128 pounds was being sustained by the halter (the neck, of course). In two cases extra weights have been attached to the feet, while the whole weight of the body was being sustained by the neck. In one 16 and in the other instance 34 pounds were thus added.

The halter must be so tightly adjusted that the chin can not slip through it, and yet loose enough to allow it to rest on the occiput.

If too tightly buckled, the maxillary articulation will be strained and considerable pain produced in its vicinity. Never make the ropes fast to anything; either have an assistant to hold the rope by which the patient is elevated, or make a noose in it about two and a-half feet from the floor, in which place your own foot, and thus be ready at any moment to lower the patient. Where patients are able to do so, I frequently substitute elevation of the arms, while suspending, thus throwing their weight on the halter, for traction by pulling on the cord playing on the lower set of pulleys, watching the spring balance, the while, to determine the number of pounds sustained by the neck; but, in many cases, patients refuse to follow this method, because of the pain it produces in the arms as they roll over the axillary pads.

Note.—Since writing the above I see in the *N.Y. Med. Journal* of May 11, 1889, that Dr. W. A. Hammondh as introduced a spring scales into his apparatus.

ST. LOUIS, June 10, 1889.

PUERPERAL PYEMIA*. By WALTER COLES, M.D., of St Louis.

Puerperal pyemia in its typical form is comparatively rare, and possibly this is one reason why most writers on obstetrics devote so little space to its discussion.

Many authors employ the term pyemia and septicemia synonymously, and in one sense this is correct—that is to say, both terms imply the existence of septic fever, but puerperal pyemia, although generally classed as a form of puerperal fever or septicemia, is, clinically speaking, a disease characterized by distinct features, which should be clearly recognized by the obstetrician, in order that he may fully appreciate its nature and correctly interpret the phonomena which constitute its history.

In his work on "Puerperal Diseases" Dr. Fordyce Barker fully recognizes this duality, and speaks of puerperal pyemia

* Read before the St. Louis Obstetrical and Gynæcological Society.

as "another form of disease," which he thinks is "quite distinct from septicemia, although the two diseases were long confounded." On the other hand, Playfair and others incline to the view of Verneuil "that purulent infection is not a distinct disease, but only a termination of septicemia, with which it ought to be studied." This is practically the position of most obstetrical writers, and while it cannot be denied that pyemia may complicate and sometimes greatly aggravate the gravity of puerperal septicemia or phlegmasia dolens, yet there are undoubtedly cases of pyogenic fever which apparently bear no clinical relation to either.

There seems to be no essential difference between this disease and purulent infection arising from any other form of traumatic accident. Under all circumstances the clinical features of this disease are subject to variations in special cases, yet there are certain general characteristics which are striking in their peculiar distinctiveness. Among these may be mentioned the time and mode of attack. Puerperal septicemia usually sets in within a few days, seldom later than a week. Pyemia does not appear until later, sometimes not until after the lapse of several weeks. The former is generally accompanied by more or less profound local symptoms, such as tenderness, tympanites, pain, etc.; in the latter these may be altogether absent during the entire course of the disease. Septicemia is not unfrequently slow in its development, which is usually in the form of gradually rising temperature, whereas, pyemia is sudden, without prodromata and is ushered in with a chill succeeded by high temperature, which after a few hours subsides with a profuse perspiration as in an ordinary intermittent. In the former the fever is continuous, while in the latter it is intermittent, and during the early stages of the disease the temperature may remain normal for twelve or twenty-four hours. Indeed the behavior of a case of puerperal pyemia during the first week or ten days might be mistaken for a malarial attack, were it not for the marked irregularity of the exacerbations. Septicemia runs its course rapidly, while pyemia may last for weeks or months. In septicemia the countenance is flushed or turgid, while in pyemia the skin is pale or icteric in hue, with possibly red spots on the cheeks in the height of the fever. In septicemia the mental faculties are more apt to be involved than in pyemia, where the mind

remains clear, unless it be clouded by exhaustion or cerebral abscess. In the former diarrhoea is frequently a dangerous complication, but in pyemia it is not a prominent feature, on the contrary, the bowels may long remain torpid and have to be moved from time to time as in typho-malarial fever.

The following case which occurred in my practice about a year since, strikingly illustrates the clinical points to which I have alluded:

Mrs. C. ~~est.~~ 23, primipara, was taken in labor on the evening of February 27, 1888. The patient was in good health, and there was nothing remarkable in the first stage of labor. In the course of eight hours the os was fully dilated and the membranes ruptured. The head descended slowly and the patient showing evidences of both moral and physical fatigue, I applied forceps and delivered a 7 lb. female child. Upon making examination I found that there was a second foetus presenting by the head, and as the pains returned vigorously after little or no intermission, the membranes were ruptured and the second child also delivered with the forceps. Ergot was administered and although the uterus contracted fairly well, there was a slight, though by no means alarming hemorrhage. In the course of twenty minutes active secondary pains were fully established and the large double placenta was delivered with no unusual difficulty. The uterus contracted well, and from this time on the patient entered upon what was apparently a perfectly normal convalescence. The lochial discharge was natural in all respects. The milk came promptly and abundantly on the third day, while the pulse and temperature showed no abnormal tendencies. I visited the patient daily during the first five days and again on the 7th and 9th days. At each of these visits careful inquiries and personal investigation indicated that no puerperal woman ever progressed more satisfactorily.

On the occasion of my visit on the 9th day I found my patient sitting up in bed, in fine spirits and anxious to know when she could get up. The lochial discharge had by this time gradually diminished to a mere stain and had always been free from odor. I left with the understanding that she could sit up in two days more. I did not call on the next day but did on the forenoon of the day following, expecting to find the patient out of bed. I was surprised, however, to find her

perspiring freely, with a temperature of 102° and rapid pulse. I was informed that on the night before she had been seized with a severe chill, followed by a raging fever. At the time of my visit the fever was already subsiding and it soon passed off. On inquiry I learned that on the evening previous, the patient finding her bowels constipated, had received an enema at the hands of the nurse, which had been repeated without results. These enemata were resorted to notwithstanding there was a bottle of citrate of magnesia in the room with directions how to use in case of necessity. I mention this circumstance in regard to the rectal injections as it may possibly have an important bearing on the history of the case. I will state, moreover, that the patient was opposed to taking ordinary purgatives, claiming that she was peculiarly susceptible to them, and she gave this as the reason for preferring the enema rather than risk the effects of a moderate dose of citrate of magnesia. I was also informed that the patient had made violent efforts to evacuate the rectum which had been simply stimulated and irritated by the injections. Her efforts proving fruitless, she became exceedingly nervous and distressed, so much so, that the nurse finally relieved her by removing a scybalous mass by means of her fingers and a hair pin.

It was but a short time after this performance that the patient was seized with her first rigor. The family naturally supposing that this was a nervous chill did not send for me and I knew nothing of it until I called next morning, which was the 11th day after labor. On learning what had occurred, I ordered citrate of magnesia given at once, which cleared the bowels out thoroughly, and put the patient on full doses of quinine with a little morphia.

I found, moreover, that following the straining at stool and coincident with the fever, there was a considerable flow of blood from the vagina. At the time of my visit this flow had checked in its activity, and consisted of a moderate, dark discharge, free from odor, whereupon I ordered a hot antiseptic vaginal douche to be used twice a day instead of once as hitherto. By evening the patient's temperature was normal and her pulse 85. She spent a comfortable night and was next day feeling quite well with a good appetite. There was still some dark bloody discharge. The quinine was ordered

continued and I left hoping that everything would go well. In this, however, I was disappointed, for during the following night there occurred another severe chill followed by fever, which subsided with a profuse perspiration in the course of twelve hours. Careful examination in the hypogastric, iliac and femoral regions failed to elicit any sense of tenderness. The abdomen was free from distention, and indeed all the organs seemed normal, though there was still some bloody discharge from the uterus, and as it indicated some odor of decomposition, I carefully washed out this organ, removing several small decomposing clots. This irrigation was repeated next day, after which all odor and discharge ceased. Hot antiseptic vaginal douches were, however, continued.

The patient had another chill on the night of the 14th and 16th days, the fever in each instance running up to 104°, but rapidly subsiding under a five grain dose of antifebrin. During the rigors and fever the pulse was rapid, but in the interval did not go beyond 90 during the first week of illness. Without following the daily mutations of this case, suffice it to say that for the ensuing ten or fifteen days the patient had repeated chills, usually coming on every second or third night, sometimes during succeeding nights and then skipping three or four days. But during these intervals there was nearly always a daily exacerbation of fever, though for the first two or three weeks, the temperature never ran very high except immediately after a chill. During this time the patient would frequently experience no rise of temperature beyond 100° for an entire day, and many parts of days—especially mornings were passed with a normal or subnormal temperature. By the end of the third week the tendency to rigors subsided and the patient lapsed into a condition very much as we see in typho-malarial fever; her fever was of a remittent type, subject occasionally and without apparent cause to irregular and sudden exacerbations. The bowels were quite regular and the discharges healthy; there was not the slightest tenderness over any part of the abdomen. There was no vaginal discharge and the uterus and appendages were perfectly movable and free from any evidence of disease. The patient was of course growing weaker but the appetite remained good and she took and digested abundant nourishment, consisting mostly of milk and beef peptonoids. Her tongue was slightly furred but never dry.

Although there were no local symptoms, I felt that in this case I had to deal with a fever that was in some way connected with the puerperal state. Day after day anxious inquiries were made as to the condition of the various organs but nothing of a morbid character was elicited. To all queries as to how she felt there was one unvarying reply, "I am quite comfortable." She complained of no pain whatever during the first six weeks. Her only discomfort was a sense of nervousness during the height of an exacerbation. During the latter part of the sixth week she alluded several times to slight soreness and pain in the base of the left lung. Auscultation revealed very slight crepitation, which, however, rapidly subsided on application of hot fomentations.

By this time the patient had grown very feeble and much emaciated in spite of the most systematic sustaining treatment. Her dauntless courage was beginning to flag from vital exhaustion; a bedsores was threatened over the sacrum and the tendency of the fever was to run higher and remain so. About this time a large superficial abscess was detected in the lumbar region; it was opened by Dr. E. H. Gregory who was kind enough to see the case with me several times. This abscess was simply confined to the cellular tissue and had no connection with any of the pelvic viscera. The patient remained free from fever for nearly twenty-four hours after the opening of the abscess, after which there were frequent and sharp exacerbations of fever until finally on the 47th day she was suddenly seized with an agonizing pain in the frontal region and in a few hours became blind and comatose—death ensuing quickly.

This case, from its nature and circumstances, has been one of painful interest to me. The patient was a most lovely and estimable lady, and it seemed pitiable indeed that such heroic and patient endurance should have been forced to succumb to the relentless destroyer.

It is in such cases that science is well nigh helpless. Although cases of pyemia recover under desperate conditions, yet the question of life or death under such circumstances would seem to be very much a matter of physical endurance, coupled with an element of chance. The physician can never foretell the result, for he cannot foresee the various points of attack. Watson, Barker, and other high authorities tell us

that we should never despair, but continue to hope that each recurring onslaught of the disease may prove the last. It is in these respects a most treacherous affection, and far less self-limiting than other more acute and apparently all pervading forms of septic fever.

There are several points in connection with the foregoing case which are noteworthy: 1°. The seemingly excellent condition of the patient prior to the attack. 2°. The tardiness with which suppurative changes supervened. 3°. The absolute absence of local symptoms. 4°. The peculiar circumstances attending the onset of the disease. Was the occurrence of the first chill soon after the violent exertion and straining at stool a mere coincidence, or were they related as cause and effect? Burdon-Sanderson says, "In every pyemic process you may trace a focus, a center of origin, lines of diffusion or distribution, and secondary results from the distribution. In every case an initial process from which infection commences, from which infection spreads, and secondary processes which come out of this primary one." While this is in a sense true of all septic diseases, it is peculiarly graphic in its description of what seems to occur in the pathological condition under consideration. Is it not possible that in a violent straining effort, a minute septic embolus may have been dislodged and launched into the general circulation? Certain it is that the *materies morbi*, which must have been of the minutest character, was strictly localized up to the night of the first chill. And yet even in this view, it is remarkable that so long a time should have elapsed before appreciable suppurative changes took place. I say appreciable advisedly, for we all know how extremely latent serious complication may be in this singular disease. It is in such cases that autopsies are peculiarly interesting and instructive, and it is to be regretted that circumstances did not permit one in this instance.

Unfortunately the present state of science does not enable us to enter at length into a discussion of the pathological differences between pyemia and septicemia, yet the case related strikingly illustrates the contrast between the two conditions. Whether the nature of the poison be essentially different we are not yet prepared to say—certain it is that the latter seems much more acute, subtle and diffusive, whereby the entire

volume of blood is suddenly perverted and overwhelmed. And yet the violence of the fever, the fatal progress and pertinacity of pyemia would indicate that the entire system is implicated. It is to be hoped that we are entering upon an era of bacteriological knowledge which may serve to enlighten us.

In the more chronic forms of pyemia it is not always possible on post-mortem examination to locate the origin of the difficulty. It is by no means certain that an autopsy in the case just related would have satisfactorily accounted for the fatal complication. For it may certainly be affirmed that many cases of pyemia occur in which no thrombi are found, and in which the most careful examination fails to detect any morbid condition whatever of the veins. It is necessary to point this out because it has been erroneously asserted by some that phlebitis is an essential process in the disease. It is to be observed also that the presence of pus is not a necessary element in the causation of pyemia, as has been supposed, well marked cases having been observed in which there was neither wound nor suppuration for its origin.

Clinical Reports.

REPORT OF A CASE OF MYXŒDEMA, WITH COMMENTS. By JAS. F. HIBBARD, M. D., Richmond, Indiana.

In a paper read before the Indiana State Medical Society at Indianapolis, May 1, 1889, the doctor described the case in brief as follows:

The patient, Mrs. B., a lady fifty years old, consulted the author in regard to her general health which had been failing for almost a year without her being able to describe any definite disease as the source of her invalidism. Her only departure from typical good health for years previous had been a perpetual looseness of the bowels often associated with free haemorrhage. This was probably due to rectal ulcer but as she declined examination this was conjecture. At 43 years of age she had an attack of enteric fever which suspended her catamenia, which have never returned. Dr. Hibbard remarks parenthetically, that in his experience, no woman who has had enteric fever after 40 years old has ever menstruated

again, and asks if his experience is unique? At the time he began to treat Mrs. B. her weight was 143 pounds. For months preceding she had suffered from a sense of general weariness, abatement of mobility, disinclination to active exercise and lessened ability to concentrate her mind on any important affair. She had been troubled with a form of dyspepsia, her stomach seeming to swell and bloat after eating, a sense of fullness, heaviness and distress in her head rather than actual pain, and a gradually increasing swelling of the whole surface of the body and apparently of the mucous membranes. Her skin had become dry, pale and sallow. It was swollen and puffy, particularly about the feet and hands, but she complained especially of the thickness and weight of her eyelids and surrounding tissues. Her limbs had lost their normal suppleness and she walked with unsteady gait; her hands were swollen and stiff, their tactile function impaired, making it difficult to hold a pen or write a legable hand. Her nails had become friable, and would crumble instead of cutting smooth under the scissors. She was very sensitive to low atmospheric pressure, and complained of general subjective cold, particularly cold extremities and nose. She realized a slothful vital activity at large and a notable hebetude of mental operations.

Examination disclosed no special error in respiratory, circulatory, urinary, uterine or digestive apparatus, excepting the dyspeptic disorder before mentioned.

Treatment: The patient was advised to suspend her literary engagement, as an evening of study would be followed by an uneasy, restless night, and morning would find her eyes swelled almost shut and face distorted with increased, irregular tumefaction. Moderate outdoor exercise was recommended. Mild doses of quinia, strychnia and iron soon made a favorable impression on her condition; she has continued to improve slowly up to the present time and is now attending to her household duties and does some literary work without injury, but still presents a remnant of her serious ailments of two years ago.

Now what is the disease that afflicted this patient and what is its essential pathological nature?

It is a typical case of myxœdema of favorable progress and promising prognosis, a mild attack to be sure, but disclosing all the characteristic symptoms of myxœdema.

The essential pathology of this disease is still *sub judice*, but the majority of investigators accept the doctrine that it is a trophic neurosis and has for its chief etiological factor the destruction or deterioration of the thyroid gland and that mucin permeating the dermal and subdermal connective tissue, the mucous membranes, and possibly all the viscera of the body, is the cause of the most notable symptom, viz., the non-oedematous and non-inflammatory swelling of the integument and all visible tissues.

The first description of the disease was by Gull in 1874, and in 1876 Ord gave a thorough exposition of its leading characteristics, and proposed the name, because he declared mucin was found in all the tissues of its victims. Hammond gave a short description of the disease in 1881, and most of the treatises on general practice and nervous diseases written since 1884 have chapters on myxœdema.

In July and August of 1888, the *American Journal of the Medical Sciences* published, two papers by Drs. Hun and Buddon, giving thorough details of four cases under their care, and a careful review of the literature of the subject. Excluding the cases due to the surgical extirpation of the thyroid gland for disease, and those associated with idiocy and cretinism, there are 154 cases of idiopathic myxœdema more or less completely reported. They conclude that there are more than three times as many females affected as males; the average age for the beginning of the disease is 40 years; chief etiological factors are excessive child-bearing, excessive haemorrhage, mental shock and worry, and injuries, especially of the head. Myxœdema appears to manifest itself by very characteristic symptoms which affect especially the cutaneous, nervous and vascular systems.

Cutaneous system: The skin is swollen, without pitting, dry, scaly and cold; the hair and teeth frequently fall out; nails become brittle; perspiration is either greatly diminished or absent. The mucous membranes are also swollen but their secretion is usually increased.

Nervous system: There is mental sluggishness and impairment; insanity is frequent; in about half the cases sensibility is impaired; in all cases the muscles act feebly and sluggishly; the reflex actions are frequently diminished; speech is slow and sometimes hoarse; numbness and neuralgic pains are frequently present.

Muscular system: In the majority of cases the pulse is slow and small and the heart presents some abnormality. The blood is often in an anæmic condition and often there are severe haemorrhages. The surface temperature is sub-normal which may be considered in part a nervous symptom.

The lesions found in myxœdema are a nearly complete atrophy of the parenchyma of the thyroid gland, with a new formation of lymphatic tissue in the gland, with left-sided cardiac hypertrophy, a chronic diffuse nephritis; an interstitial hepatitis; a degeneration of the supra-renal capsules; an atrophy of the fat and a general œdema or infiltration of the skin and mucous membranes. Drs. Hun and Buden describe the results of study upon persons in whom the thyroid gland has been removed, congenitally absent or atrophied, and of animals in which those glands have been extirpated in experimental inquiry, and in all instances has supervened a condition not distinguishable from myxœdema, although known as "Cachexia Strumipriva." It is ascertained from other sources, however, that myxœdema does not always follow extirpation of the thyroid gland. Of Kocher's 30 cases, 6 escaped; of Reverd's 11 cases, 6 did not thus suffer, and Billroth has never had a case in many instances of removal of the gland.

A clear, succinct, comprehensive statement of our present knowledge of this disease is found in the summary of Dr. Ord presented to the London Clinical society as the chairman of a committee of the society, in May, 1888. This summary in 18 numbered paragraphs was published in the London *Lancet*, June 2nd, 1886, and copied in the *Medical News*, Philadelphia, June 23rd.

The author concludes this paper with the statements that he considers it a distinct disease with well-marked symptoms; that its diagnosis is easy and certain; that it is not amenable to treatment, and that persons affected with it never regain a perfectly normal condition. It seems quite possible to him, however, to successfully meet associated disturbances which are harmful, with medicine, and by appropriate régime carry the victim along through years of comparative enjoyment and usefulness, at last succumbing to other causes of death.

Correspondence.

AN IMPORTANT METHOD OF CÆSARIAN SECTION.

EDITORS ST. LOUIS MEDICAL AND SURGICAL JOURNAL:

Being something of a theoretical enthusiast on the subject of Cæsarian Section, the recent discussion and successful performance of the operation suggest to me to submit to you, an idea for criticism, which, though it may have been tried before, has never come under my observation in any writing on the subject, and as far as I know, is original. I believe the authorities are unanimous in the statement that the mortality after those operations which are performed at the proper time, is largely due to septic peritonitis, this arising from the entrance into the peritoneal cavity of the amniotic fluids. To prevent this, it has suggested itself to me to apply the simple principle of the rubber dam, such as is used by dentists, in the following manner: Take a large sheet of dental rubber, say two feet square, thoroughly aseptic, through the centre of which cut a round hole, say an inch in diameter. After making the incision through the abdominal wall, turn the uterus forward, external to the cavity, hinging on the attached cervix, holding it in a position where the axis will be in a vertical line; distend the rubber sheet around the center and force it down over the uterus, which will present through the central aperture, till the plane of the sheet comes well down toward the cervix, around which it will contract tightly. The elastic tube generally used to prevent hæmorrhage may be applied above the rubber dam. In this way it seems to me that the fluids could be kept external to the peritoneum, as they would be conducted off by the rubber, and after suturing the uterus and using an antiseptic douche, it could be dropped back into the cavity after removing the rubber, thus obviating the dangers which necessitate washing out the peritoneum, and consequently saving more or less time, which under these conditions must be very precious. I am, no doubt, over-confident in my theoretical enthusiasm, so submit this to the more mature judgment and consideration of others, hoping that they will criticise it, accordingly as it meets their approval or disapproval.

1220 Olive St., St. Louis. LEWIS G. TANDY, M. D.

HERPES CIRCINATUS.

EDITORS OF SAINT LOUIS MEDICAL AND SURGICAL JOURNAL:

I have met many of these cases which were thought very difficult to treat. I have seen large patches on different parts of the body which were constantly spreading, more especially on the face and arms. I have also found them on the scrotum and penis of the male and upon the vulva of the female, producing irritation, and spreading. I have seen various kinds of treatment used, some of which did not prove of any avail. The best treatment that I have met with is the painting of the parts with the muriated tincture of iron, using it full strength. Two or three applications with a camel's hair brush will stop the disease every time. I have also used the same application for herpes zoster and cured it. It generally takes more applications. This is no guess work, but I have tried it in over one hundred cases in the last fifteen years. If my professional brethren who have trouble in treating these cases will try this they will not be disappointed and have their patients go elsewhere for treatment.

Wm. HENRY, M. D.

Harmon, Ill.

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IGNORANCE, OR MALICE?

In an evening journal published in this city, there appeared a few days ago an article purporting to be inspired by the revelations of a "prominent physician" (who remains anonymous), which contains allegations against the Health

Department of St. Louis of so outrageous a nature that if true, or even partially true, should consign every member of the board, with the Health Commissioner at the head of them, to the state's prison for a term of years.

These charges are, in brief, that the patient now confined at quarantine as a leper is not such; that he has not and never had leprosy; that he is now and has been ever since his confinement a healthy man. Further it is charged that Dr. Dudley, the Health Commissioner, "is perfectly aware that the man is not a leper; that he has offered him his liberty, and, in fact, entreated him to leave Quarantine, the patient, however, refusing to do so until Dr. Dudley should agree to give him an affidavit certifying that he never has been afflicted with leprosy, thus relieving him from the taint that must otherwise cling to him, rendering him an object of disgust to all who know his history. Failing to receive this affidavit, and refusing to accept a liberty that would be worse even than incarceration in the species of charnel house in which he has been confined, it is alleged the man still remains in the place, amidst surroundings the most horrible."

A second charge of a similar nature is made by the anonymous "physician." It is averred that a little over a year ago a Chinaman, who had been confined at Quarantine, was released, it having been discovered that he was not a leper. He was then hurried out of the country, his expenses being paid by certain persons, among them Dr. Dudley, who was interested in concealing the mistake.

We are not fighting the battles of the Board of Health nor of Dr. Dudley, for they are abundantly able to take care of themselves, but we feel that to pass these charges by without a protest and a denial would be to make ourselves party to an outrageous slander upon the entire body of the medical profession of St. Louis.

The allegations could have been made only by a very ignorant or a very malicious individual, and their recklessness, in the light of facts, is absolutely amazing. Dr. Dudley, when seen by the reporter who wrote them up, characterized them by the only name in the language that completely fits them—a lie.

One of the editors of this journal has seen the man now confined at quarantine several times within the past year, and

can certify that he is at this moment in an advanced stage of leprosy. Not only this, but the diagnosis was made by several competent physicians, and microscopic examination conclusively proved the case one of leprosy, the bacilli peculiar to that disease having been satisfactorily demonstrated in sections made from an excised nodule.

The same editor also saw the Chinaman who was formerly confined at quarantine, and can also state most positively that he was leprous. As to the *policy* of allowing him to be carried home to China by his relatives, we do not care to make it an issue here, though we may say that we believe, all things considered, it was the wisest and best plan for the city to pursue.

THE MODERN FOUNTAIN OF YOUTH.

The medical world was electrified a short time since, by the announcement of M. Brown-Séquard that he had discovered the fountain of youth. Our readers are doubtless familiar with his modus operandi, which consists, in brief, of macerating the testicles of young animals—dogs principally—in distilled water. This is filtered and the filtrate is injected subcutaneously or intravenously. The learned physiologist stated that after a few injections he had succeeded in turning back Time. He felt twenty years younger and could do much more work without fatigue, according to his statements.

This communication has been made the text for a great many alleged humorous paragraphs in the lay and medical press. That M. Brown-Séquard is in earnest does not admit of a doubt. That his observations are correct is also to be assumed. But that the effects which he attributes to these injections are physical, rather than psychical, is a question. The force of the imagination is something which is daily exemplified and, in the face of the *savant's* latest communication, we cannot but hesitate to accept his conclusions until they have been more fully and satisfactorily tested. Should he be right, one of the most perplexing problems ever presented to the human intellect will have been solved in a manner so simple and so satisfactory that we might hope to reach the fabled ages of the biblical patriarchs. But, until the absolute proof of demonstration is furnished us, we can only suspend judgment and neither express false laudatory opinions nor

unjust condemnatory verdicts. We are led to this conclusion by the fact that M. Varnot has confirmed Brown-Séquard's observations. In three cases of debilitated old men the injections were followed by "general nervous excitement, increased muscular power and regulation of digestion." The patients not knowing the nature of the treatment, these results can not be attributed to suggestion. But then, everybody knows the story of the effect of a thermometer in lowering the temperature of a patient.

THE AMERICAN SOCIETY OF MICROSCOPISTS.

Our readers, quite a number of whom already are, and more should be, members of the American Society of Microscopists, are reminded that the thirteenth annual meeting of the society will take place at Buffalo, N. Y., August 20. The society now numbers upwards of 400 active members and embraces in its ranks almost every working microscopist of any standing in this country. The meetings are not mere gatherings for the purpose of "reading papers" during a part of the day, and junketing the balance, but by the system of "working sessions" and soirées are made veritable schools of technique in every department of microscopy and the allied studies. Members bring their instruments and apparatus, and preparations and the materials for making them, and each expert illustrates by actual work his particular line of study and investigation.

The cost of membership is very small—\$3.00 initiation and \$2.00 per annum for dues, the latter including a copy of the *Proceedings*, which is alone worth a good deal more than the money.

We can say of the coming meeting that it will be held in a city noted for the number and enthusiasm of its workers with the microscope. The meeting will be held the week previous to that of the American Association for the Advancement of Science, thus enabling those who wish to attend the latter to do so without loss of time. Buffalo is connected with Toronto, where the Association meets, both by rail and steamer, and the trip is a short, cheap and pleasant one, either way.

We sincerely hope that many of our readers will attend both meetings, but especially that at Buffalo. The microscope daily becomes a more and more important factor in the practice of medicine, and in no way can we learn to appreciate this fact better than by being present at one of our annual gatherings. We will be happy to furnish any reader desiring the same, blank applications for membership.

TO OUR CONTRIBUTORS.

The JOURNAL has for the past few months been struggling with an *embarras de richesse* in the matter of communications and contributions for its pages, and in spite of the best of will we are hampered by lack of space from presenting these as early and as rapidly as could be desired by the authors thereof. We crave the indulgence of our friends in this matter, assuring them that we will present each paper in the order of its filing. In this manner, by setting a large portion of the JOURNAL solid and by extending the space allotted to original contributions, we hope that with our next number we will be reasonably close to current communications.

Microscopy.

Protoplasm—A Laboratory Chat.—In the *Journal de Micrographie* of May 10, Dr. Pelletan tells in his pleasant style, of a *causerie*, or chat, held in the laboratory of Prof. Ranzier at the Collège de France, in the course of which the professor gave, in a reminiscent way, certain facts in relation to the origin and meaning of the word protoplasm, as used in animal histology, which I think worthy of translation and presentation. I therefore give the article in full.

There was present, says Dr. Pelletan, besides the master (Prof. Ranzier) and myself, only M. Suchart, a pupil of the laboratory and preparator for Prof. Ranzier. We had been examining the magnificent preparations, just finished by Prof. Ranzier, of the epithelium of the mouth of young salamanders still retaining their branchiæ, the tendons of the tails of

newly born rats and the feet of young birds, all of which, and especially the first named, show cells in process of indirect division and presenting karyokinetic figures in a manner very rarely seen by anybody, I am sure. The talk ran on matters pertaining to the course of study—the histogenesis of connective tissue, of protoplasm, its modifications and products, when M. Ranvier dropped into a reminiscent mood, and related what follows, which, while it may not be "science," pertains to the history of science and narrates facts that, as M. Ranvier subsequently remarked, will otherwise soon be forgotten, since the men who know them and to whom they happened, are hastening from among us—their numbers, alas, growing fewer day by day. For this reason I have tried to preserve his words. The talk, as I say, ran on protoplasm, and M. Ranvier said:

"This leads me to a very interesting point—that of *definitions*. Formerly, in the era of great religious disputations, the "definition" played a very important part—just as it does in the scientific discussions of to-day, since if our definitions are not accurate we cannot properly understand each other, or be, ourselves, correctly understood.

"As I have said, and as you probably knew before I told you, it was Max Schulze who introduced the word 'protoplasm' into the vocabulary of the animal histologists, though he did not invent it. Prior to this, botanists had used the word 'plasma' or 'protoplasma' to signify the granular substance of the cell, confining the latter word ('cell' or 'cellule') to the envelope of cellulose surrounding or containing the same. Schulze said "animal cells have usually no membranous envelope and consequently may consist entirely of plasma or protoplasma, or the substance so designated by botanists." Clearly this was a luminous idea and one destined to have an immense influence upon the progress of histology during the ensuing thirty years. It was a true revolt against the beautiful conception of Schwamm and the brilliant structure which he had built thereon. I allude of course to the cellular theory of animal and vegetable matter propounded by Schwamm and accepted by Henle and, in fact, by almost everybody else. In fact, at that period, every histologist swore by Schwamm just as the philosophers formerly did by Aristotle, and to lead a revolution against him, or even to modify his ideas was no easy task.

"Along in 1866, or not long after the publication of the researches of Schwamm, Schulze came to Paris and after having visited the institutions and establishments that had the greatest interest to him, especially those where anatomy and physiology were taught, he learned in some way that over in a corner of the Quartier Latin there were a couple of young men who were endeavoring to cultivate the science which he himself had been pursuing—Cornil and myself. We had rented rooms and established a laboratory there. One day Schulze paid us a visit, and I had the good luck to have a long talk with him.

"The very first idea that came into my head after I learned who our visitor was, was to ask him for a definition of protoplasm—for it was he, of all persons, who could enlighten me. So I quickly put the question "What is protoplasm?" He walked over to the blackboard and took up a bit of chalk—I see him now, just as plainly as though his image were at this moment photographed on my retina! He was a thin man and so tall that he was obliged to stoop to the board. He was by no means handsome, and was careless of his person—his beard untrimmed and his hair unkempt; but his eye was brilliant, and full of the fire of genius. His face wore a grand expression of benevolence and goodness. All in all, a grand and most excellent man, as I found on more intimate acquaintance, later on.

"Well—he took the bit of chalk and rapidly sketched on the board a cell. I did not interrupt him, for I was eager for instruction and had the highest respect for him. It was a nerve cell that he drew, with its ramified prolongations, and he indicated the nucleus, nucleole, striations, prolongations, etc. In the centre, around the nucleus, he left a clear space, which he subsequently filled with dots representing granular matter.

"'This,' said he, indicating the dotted space, 'which surrounds the nuclus, is granular matter. *This is protoplasm;* all the rest is not.'

"I have always since that moment clung to this definition of protoplasm—the definition given me in person by the man who introduced the word and gave it currency in animal histology—a revolutionary histologist. And I hold that to change or

modify this definition we must have another revolutionary histologist and he must be the equal—no less—of Schulze.

“ Such a man, I tell you frankly, I do not know.

“ There is one who has essayed the rôle—Heizmann, formerly of Vienna, but now and for several years past, in America. He published a large book in which he has made a histology on new lines and bases. It is certainly a very queer work (*C'est vraiment très curieux*);—using the words not in a spirit of malicious criticism—only I do not think that Heizmann has the same value as Schulze, and consequently that he cannot overturn the latter's work.

“ According to Heizmann, protoplasm consists of a species of filaments or canals which connect the cells and cause them to communicate with each other; and through these canals there is a circulation of plasma. His drawings are full of these canals. I repeat it—it is a queer conceit! Consequently I believe that we must adhere to the definition of Schulze yet awhile, and continue to regard protoplasm as the substance within the cell, analogous to the embryonary mass before the cell has assumed specialized functions or has become differentiated. I go somewhat further than Schultz in the actual expression or diction of the definition, but that was exactly what he intended to convey when he limited his demonstration to that portion of the cell that was not nervous—i. e., had not become fibrillary.

“ But to return to Schulze. After having listened to him attentively I said, ‘ Is there not an analogy between your conception of the tissue cell, and that formulated by Lionel Beale?’

“ He became embarrassed, and I at once saw that I had offended him, but I had done it very innocently.

“ You know Beale's theory—the existence in the organism of two species of substance, *germinal matter* and *formed matter*—protoplasm being “ *germinal matter* ” and all else “ *formed matter*.” Schulze might have answered me, and doubtless did not do so out of modesty alone, that regarded as theories, there might be some resemblance between his idea and that of Beale, but as bases or points of departure, they were altogether different.

“ On what observations, and on what technique did *Beale* found his theory? There is something very singular about that. When Gerlach discovered the elective action of carmine

— by the way, do you know how this discovery was made? It is a curious incident. I happen to know the story, not only because I keep *au courant* with matters pertaining to biology, but I was personally acquainted with Gerlach. It seems that he was at work right here, in the Collège de France, in Claude Bernard's time, and I am not sure that it was not right here that he made his very first injection. For a long time I preserved the first photo-micrographs made by him, and very curious and interesting things they were too! He injected the blood vessels with carmine (a process that he invented, you know) and photographed sections of the preparations thus made, on bichromated plates prepared especially for his use in Vienna. After preparing these plates for printing, instead of using carbon ink to take the impressions, he used carmine (thus giving the print a natural hue). Later on he employed Prussian blue, also. He gave me a large collection of prints made by him with wonderful patience, and which were extremely interesting. But, for that matter, all of Gerlach's laboratory work was remarkable. He employed carmine as the coloring matter in making his first transparent injections, and thus rendered visible the nuclei of the cells.

“ Beale used glycerin, and finding it inconvenient to treat the tissues first with glycerin and afterward with carmine, conceived the idea of putting the carmine into the glycerin and in treating fresh material with the glycerin and carmine he formulated his theory of “ germinal matter ”—everything that was stained red was “ germinal matter ”—and everything that failed to take the stain was “ formed matter ” !

“ Now you know why Schulze did not answer me. I did not know the facts, (concerning the basis of Beale's theory) at the time, but Schulze did, and that was why he was so ‘put out’ and embarrassed. See how easy it is to embarrass a man of genius with a foolish question! But I asked it in good faith, and that was the very reason that Schulze could not answer me! ”

F. L. J.

The Woman's Medical College, of Chicago, will remove to its new structure in September. The building was erected at a cost of \$20,000, and will accommodate two hundred and fifty students.

Dermatology and Genito-Urinary Diseases.

Cure of Leprosy.—Dr. M. Sandruzky, director of the Children's Hospital of Jerusalem, states (*Monatshefte fuer Praktische Dermatologie*) that he treated a boy of eight who had leprosy for two years, successfully. Massage, gymnastics, iron and quinine, baths containing green soap, iron, sulphur, salt at a very high temperature, were ordered. For the ulcerations, *sapo viridis* and *chrysarobin* were employed, but had to be discontinued on account of the great irritation produced. The author states that, in Jerusalem, no one believes in the contagiousness of the disease. The director of the leper asylum states that not one case of contagion has been observed in that institution since 1867. However, there are only about twenty-five cases, all old. In Palestine, it is estimated that there exist but about five hundred lepers.

Deep Urethral Strictures.—Dr. E. L. Keyes, in writing upon this subject (*Medical Standard*), concludes that: 1°. There are three forms of deep organic urethral stricture—the soft stricture, the purely cicatricial stricture, and the nodular stricture. 2°. That soft strictures are often cured by dilatation. 3°. That the fibrous stricture in patients always free from gonorrhœa might sometimes be radically cured by longitudinal section of the roof and floor of the canal at the seat of the stricture, followed by the passage of sounds. 4°. That nodular strictures do not seem to be radically curable by this method. 5°. That nodular strictures might possibly be radically cured by total excision of the diseased tissue and suturing of the ends of the urethra; when approximation of the separated ends was impossible, transplantation of healthy mucous membrane might be employed.

Atypic Herpes Zoster.—The Vienna correspondent of the *New Orleans Medical and Surgical Journal* states that recently Kaposi exhibited a woman, twenty-seven years old, who presented, over the breasts and the abdominal parieties, round, long and pointed macules, covered with small scales. Over the abdomen and left breast were lesions resembling keloid. Eight days before, one of the keloidal tumors was very large; and, at that time, a green coloration of the cor-

ium—necrosis—could be observed through the intact epidermis. Vesicles could be seen in some parts, and through these the corium presented the same color. The patient, a woman, had similar attacks yearly since the age of twelve, each one lasting eight days, scars developing in the places of the vesicles. Ulcers also formed and healed. In spite of the relapses and irregularity of the process, Kaposi insists upon calling this "herpes zoster atypicus."

Syphilis in Bosnia and Herzegovinia.—Dr. Leopold Glück, of Zemia (Bosnia), has devoted some attention to the occurrences of lues in the above provinces (*Archiv fuer Dermatologie und Syphilis*), and states: 1°. That in all probability, syphilis was not observed in these provinces before the beginning of this century; 2°. That the majority of syphilitics came from the Ottomans, a part were natives from further east or lately from Slavonia, the smallest portion being from the West, and notably French. In the north and west, as also in Croatia and Dalmatia, syphilis is called "Franza," in middle Bosnia and a part of Herzegovinia it is called "Frenjak," in south and southeast Bosnia it is known as "Kadovi." Throughout the entire country it is called "gadna bolest"—"the detestable disease." The word "Frenjak" is Turkish in origin, these calling syphilis "Frenji illeti" or "Frenji hostalük"—the disease of the Franks.

Treatment of Acne.—Dr. G. H. Fox believes that the use of arsenic, sulphur ointments or lotions in acne is very limited (*New York Medical Journal*). He states that a few cases of acne can be relieved by local measures alone; but, in the majority of cases, general treatment must be added. Diet, exercise and other hygienic observances are of more value than drugs. He recognizes two forms of the disease, the irritable and the indolent. The former is largely reflex in origin, and all local treatment except that of the most soothing character is contra-indicated. Diet and massage are probably the best means of treatment to arrive at any satisfactory result. In the indolent form he advocates the use of ergot. It acts upon the muscular fibres about the sebaceous glands and evacuates their contents, also diminishing the calibre of the blood vessels supplying these glands. He does

not mention a class of remedial agents of a local nature which frequently, if not always, act very well—reducing agents.

Primary Syphilitic Lesions of the Meatus Urinarius.—Certain peculiarities attendant upon these lesions are alluded to by Dr. F. B. Greenough in the *Journal of Cutaneous and Genito-Urinary Diseases*. He states that: 1°. When abraded or ulcerated, from their anatomical position they are subjected to the daily irritation of the urine, and therefore apt to be rebellious to treatment. 2°. That a chancroid at the meatus is also subjected to this same source of irritation, and may consequently develop enough inflammatory induration to cause a doubt as to the diagnosis. 3°. That a certain and not a small proportion of primary lesions at the meatus do not show any loss of surface, but are simply scleroses, and, in some cases, not even well-marked ones. 4°. That consequently they may be, and not infrequently are, not recognized, but are mistaken for the condition which is seen at the meatus in chronic urethral disease. 5°. That they are, as a rule, found in cases that have a history of previous urethral trouble, in which also the meatus is smaller than the average. 6°. That possibly the fact of the meatus having been in an unhealthy condition may account for the syphilitic virus having been absorbed at that point. 7°. That a marked induration at the meatus may aggravate any preexisting or coexisting urethral disease, or perhaps even cause such, and that serious inflammatory complications may follow. 8°. And that a recognition of the true character of these lesions is important, as they yield quickly to constitutional specific treatment, which is helped very decidedly by the continuous use of dilating tampons locally.

The Alienist and Neurologist.—The *Provincial Medical Journal*, one of the best of our English exchanges, and one which, we may remark, is “provincial” in name only, has the following in its June issue: “There is an excellent posthumous paper by the late Milner Fothergill, ‘On the Moods of the Sane,’ in our esteemed cotemporary *The Alienist and Neurologist*, April, 1889. Dr. Charles Hughes is to be congratulated upon the admirable manner in which the journal is produced, and the high standard it maintains.”

Diseases of the Eye and Ear.

Cuts in the Sclerotic should be Stitched.—A little boy was bottling beer when the bottle burst, the glass flying in all directions. One large piece struck the left eye and cut through the outer corneo-scleral junction, making an incision about half an inch long, beginning in the cornea and passing far into the sclerotic in a horizontal direction and extending clear through the ciliary body, but fortunately the lens was not injured. A sharp corner of the glass scratched the posterior surface of the cornea just over the pupil. The piece of glass rebounded, as luck would have it, and did not lodge in the interior of the eye. Blood escaped internally making the interior of the eye perfectly black so that nothing could be seen. The wound in the sclerotic gaped considerably, making it evident that if let alone the eye would be lost. I put a stitch in the conjunctiva close to the margin of the cornea and tied it tightly, which co-apted the wound nicely and held it firmly. A stitch in the conjunctiva close to the margin of the cornea answered the same purpose as stitching the sclerotic because at that point it adheres closely to the latter. Otherwise I would have put the stitch in the sclerotic, including only the outer third of its thickness. Of course, it would not do to pass the thread clear through the sclerotic as it would come in contact with and irritate the choroid. It is almost useless to stitch only the conjunctiva anywhere else than close to the corneal margin because that membrane, away from the cornea, is so loosely attached to the sclerotic that it would not draw the wound together in the latter. In the case of the little boy, the long deep wound healed promptly, the blood in the interior rapidly absorbed and both the ball and good vision were saved. A few weeks since, I saw a young man who had completely lost one eye from exactly the same kind of a wound in the lower sclero-corneal junction cutting clear through the ciliary body. By accident the point of a dull pocket knife was stuck into the eye, beginning in the cornea and passing down into the sclerotic, making a cut about half an inch long. The eye filled with blood at once and instead of stitching the sclerotic wound together it was allowed to stand open and was freely poulticed for two weeks! When I

first saw the case the wound had closed but the cicatricial contraction had drawn the sclerotic inwards at the point of injury. Chronic choroiditis had set in; the ball was already soft and the eye hopelessly lost. The gaping wound should have been drawn together by stitches and the poultices should have been left off. Had this been done it is quite probable that softening and ultimate atrophy could have been prevented and useful vision could have been saved as in the case of the boy. I never could understand why poultices should be applied to fresh cuts; still, now and then, a physician will do it as in this case.

Disease of Labyrinth—Great Dizziness and Vomiting.—A middle-aged German woman, in good health and used to hard labor, had a big washing to do and worked very hard to finish in one day. In the afternoon she became very tired and suddenly got very dizzy, so dizzy in fact that she had to hold herself up to keep from falling. Vomiting began at once and continued for days. She took to her bed and was not able to leave it for one month. Soon she noticed that the left ear was very deaf and that there was a noise in it like the frying of meat on a hot stove. The vomiting and vertigo gradually grew less and less till the former had subsided and the latter had diminished so that she could stand on her feet by holding to objects, at the expiration of a month. She slowly learned to walk again without steadyng herself. She never had any pain either in ear, head or stomach. She complained only of vertigo, nausea, deafness and "cooking," as she designated the noises. Two months after the attack of vertigo first came on, an examination revealed no visible disease. The meatus was normal; the drum-head was healthy and the drum-cavity was proved to be open and unobstructed by inflation. She could not hear the watch in any position, but could distinguish a loud voice when spoken directly into the ear.

Diagnosis: disease of labyrinth. This conclusion was reached first by exclusion of diseases of other parts of the ear and second by the characteristic vertigo and persistent vomiting. Evidently sudden effusion of blood or serum had taken place in the labyrinth, more particularly in the semicircular canals. These latter are not involved in *all* cases of great dizziness, for it is well known that severe vertigo often results

from certain kinds of obstruction of the drum cavity, but that condition was excluded in this case.

Prognosis unfavorable. The patient will most likely remain about as she is now with a probable gradual diminution of the "cooking." I advised the patient to let her ear alone and hope for the best.

A. D. WILLIAMS, M. D.

Excerpts from Russian, Bohemian and Polish Journals.

Tannic Acid in Toothache.—In the St. Petersburg monthly *Zubovratchebnyi Vestnik*, No. 1, 1889, p. 2, Dr. Vasily P. Gretchinsky, of Gorodnia, writes that in cases of toothache depending on dental caries, he obtains excellent results from plugging the dental cavity with cotton wool pellets soaked in a 30 per cent., or even stronger solution, of tannic acid.

Biological Effects of Educational Overpressure.—According to the Polish hygienic monthly *Zdrowie*, No. 43, 1889, p. 564, Dr. S. N. Iashtchinsky, demonstrator of anatomy in the University of Warsaw, has recently carried out a series of important anthropometric researches concerning the pupils of two local schools (I, *pro-gymnasium* and IV, *gymnasium*.) The essential results of the inquiry may be summed as follows: 1° The modern school system very distinctly arrests the development of the child's body. 2° The effects of the kind are the more pronounced the larger the number of years passed by the child in the school. 3° The facts can be explained solely by an injurious influence exerted on the pupil's organism by mental overstrain and generally by an unsound, one-sided character of the present educational system. 4° The injurious effects are especially severe in the case of children belonging to the poor (working) classes of the community.

Shepherd's Purse in Hæmorrhage.—In the *Vratch.* Nos. 16 and 17, 1889, p. 361, Dr. Konrad E. Wagner, house physician to Professor V. A. Managsein's clinic, states that Dr. Ehrenoll's paper (*Deutsche Medicinal-Zeitung*, No. 26, 1886) has induced him to try the Shepherd's purse (*Capsellæ Bur-*

sz Pastoris Russ. Pastushia Smuka) a very common weed belonging to the natural family *cruciferæ*, in two cases of metrorrhagia, in two of hæmoptysis and in one of nasal bleeding. He recommends chiefly a tincture prepared by treating, for 5 days at ordinary temperature, one part of minced fresh plant, its upper halves only, with six parts of a 70 per cent. alcohol. It was given usually in teaspoonful doses, from six to eight times daily ; but in one case, even three tablespoonfuls a day. The hæmostatic effect was marked in every one of the patients; in some, hæmorrhage was arrested altogether; in others it markedly decreased. Any unpleasant accessory symptoms were not noticed.

Pilocarpine in Icterus.—In the Polish monthly *Nowiny Lekarskie*, No. 5, 1889, p 230, Dr. Wladislaw Witkowsky, of Ostrow, warmly recommends the hypodermic injection of pilocarpine in all cases of hepatogenous jaundice caused by gastro-duodenal catarrh involving the hepatic ducts, etc. The remedy is said to almost immediately alleviate itching of the skin, hepatic colics and gastric spasms, to remove jaundice in a week or two, even in the most obstinate cases, and to rapidly bring about a complete and permanent recovery. The drug should be used in the form of a 2 per cent. solution, injected once daily in weak subjects and twice daily in strong ones, for from one to three weeks, the individual dose, for adults, being one (Pravaz) syringeful for the first four or five days, and one and a half syringefuls subsequently. The only contra-indication is constituted by any cardiac complications. In cases of jaundice accompanying malignant (or any) neoplasms of the liver, pilocarpine remains invariably inert, which fact enables the author to employ the injection as a means for establishing the differential diagnosis between catarrhal icterus and hepatic cancer. A complete failure of pilocarpine after a course varying from ten to fourteen days is thought to bespeak a malignant nature in the given case. On the whole, about thirty cases of jaundice were treated by Dr. Witkowsky with pilocarpine. No untoward accessory effects were ever observed. Nevertheless, the author has yet abstained from trying this means in children. [In the *British Medical Journal*, Jan. 19, 1889, p. 120, Dr. James F. Goodhart, of London, says that he has tried subcutaneous injections of pilocarpine in the

dose of one-third grain, once daily, in six cases of chronic jaundice; "in none has the drug failed" to relieve the intense itching.—*Reporter.*]

Suppurative Mastitis in Pregnancy.—In the Bulgarian bi-weekly *Meditzinski Pregled*, Nos. 5 and 6, 1889, p. 85, Dr. Ivan Mikhaloff, of Sophia, the editor, describes an interesting case of mammary abscess developing during pregnancy. The case refers to a strong and healthy woman of 21 in the eighth month of her first pregnancy, in whom, about a month previous to her coming under the author's observation, there had appeared a small furuncle on the inner aspect of her right mamma. She had pressed out the contents after which there had been a yellowish discharge for a few days and then the pustule had rapidly healed without any treatment. About fifteen days later the breast had become exceedingly painful and greatly swollen. On examination by the author on the tenth day of the inflammation, the right mamma was found to be at least twice as large as the left gland, its inner and lower segment fluctuating and covered with a red, tense and infiltrated skin. A free incision gave issue to a good deal of blackish, slightly offensive pus. A drainage tube was inserted, and the wound dressed antiseptically. It soon healed kindly. On the eleventh day after the operation, however, there appeared fluctuation somewhat higher up. The abscess was at once laid open, a large amount of pus escaping. About twenty days later another abscess formed and was treated in the same way. On the third day after the third operation, labor set in (at full term). No further suppuration occurred. When seen a month after delivery, the patient was quite well in all respects. Analyzing his case Dr. Mikhaloff comes to the conclusion that the mammary suppuration in the patient was caused by the introad of some pathogenic (pyogenic) microbes into the mamma through the said boil. The author draws attention to a rare occurrence of suppurative mastitis in pregnancy. Thus, of Velpeau's 292 cases of mammary abscess only 15 referred to pregnant women; of Thomas Bryant's 102 cases, only 2; of Munn's 72, only 7; of Winckel's 50, only 1.

Phosphorus in Rachitis.—In the *Vratch*, 1889, Nos. 5, 7, 9, 10 and 11, p. 134, Professor Lev B. Mandelstamm, of Kazan, publishes an able and elaborate paper on the treatment of

rachitis by the internal use of small doses of phosphorus. The contribution is based mainly on 216 consecutive cases (120 boys and 96 girls, aged from 3 months to 4 years) from the author's own practice. The drug was prescribed in a dose varying from 1-120 to 1-60 of a grain, after Kassowitz's formulæ which were these:

A. For well-to-do children.

B Phosphori.....0.01 grammie,
Gummi Arabici
Saccharialbi.....15 grammes.
Olei amydalorum dulicum.....30 grammes.
Aqua destillatae40 grammes.

M. D. S. A teaspoonful once or twice a day.

B. For poor children:

B Phosphori.....0.01 grammie.
Olei jecoris aselli.....100 grammes.
M. D. S. A teaspoonful once or twice a day.

The course in individual cases varied from one to two months to a twelvemonth or even more. None of the other anti-rachitic means, such as lime or steel preparations, salt baths, etc., were used. The general conclusions drawn by the author from his observations may be given briefly thus: 1° Phosphorus represents the best remedy for the disease, since it acts on the rachitic process itself by far better, more rapidly and more constantly than any of the other means yet proposed. 2° A prolonged administration of the drug in the dose stated is borne by children perfectly well without causing any disturbances. 3° The remedy manifests a markedly beneficial influence on the nervous symptoms accompanying rachitis. The symptoms are rapidly relieved, laryngeal spasm disappears, and the patient's general state undergoes a marked improvement. 4° Periodical examinations and weighing of children prove unmistakably that, in a majority of cases, phosphorus arrests the development of the disease and gradually brings about a complete and permanent cure.

Yellow Oxide of Mercury in Syphilis.—In the *Vestnik Obshtchestvennoi Highieny Sudebnoi i Prakticheskoi Meditiny** No. 1, 1889, p. 1, Dr. Il'iodor P. Reshetnikoff, of St. Peters-

* By the way, that St. Petersburg monthly (The Herald of Social Hygiene and Forensic and Practical Medicine,) published by the Russian Medical Department, and very ably edited by Dr. Modest I. Galanin, is one of the six Russian medical periodicals which now publish extracts from the SAINT LOUIS MEDICAL AND SURGICAL JOURNAL more or less systematically. The other five are these: Vratch Meditzinskole Obozrenie, Meditzinskala Beseda, Khirurgitchesky Vestnik, and Novosti Terapii.—Reporter.

burg, highly eulogises the treatment of syphilis by intra-muscular injections of a 10 per cent. emulsion of yellow mercuric oxide, made after the following formula :

B Hydrargyri oxydati flavi.

via humida parati..... 1 gramm.

Olei vaselini..... 10 grammes.

M. D. S. To inject from $\frac{1}{2}$ to 1 syringeful at a sitting. To repeat the injection once every week.

The emulsion should be prepared on each occasion *ex tempore* and injected deep into the middle of the great gluteus muscle. The average quantity of the oxide, (which contains 92.5 per cent. of metallic mercury) which is necessary to completely remove syphilitides in an individual case, amounts to about 0.22 grammes ($3\frac{1}{2}$ grains). Basing his statements on upwards of 1,000 injections of the drug, Dr. Reshetuikoff says that the preparation is beyond any comparison better than calomel, used in the same way, since, while being as effective and absorbing as completely and as equally as the latter, it causes much less local irritation and pain and never gives rise to suppuration at the site of the puncture. [Yellow oxide of mercury, as a substitute for calomel in the treatment of syphilis, was first introduced by Dr. X. M. Watraszewski, of Warsaw (*Wiener Medizinische Presse*, Nos. 40, 42, 1886) who saw all secondary syphilitic symptoms disappear after from 3 to 6 intra-gluteal injections of 0.04 grammes in an emulsion with gum arabic repeated every 6 or 8 days. Subsequently his recommendation found ardent supporters in Drs. Carl Szadek, of Kiev, Tszinski, Kuehn, etc., and was objected to only by Dr. Welander, of Stockholm, who asserted that the injection of the remedy was more painful than that of calomel. Quite recently Dr. A. I. Tchernoguboff, of Moscow, proposed (*The British Journal of Dermatology*, June, 1889, p. 273) to inject the oxide in two-grain doses every 10 or 11 days. In 92 per cent. of his 120 cases one or two injections had proved to be sufficient to cut short all symptoms, cure ensuing, on an average, in 16.4 or 17 days.—*Reporter.*]

VALERIUS IDELSON, M. D., Berne.

The Medical School of Maine has been petitioned lately by its students, the request having for its object an increase in clinical facilities. They express a desire to have the school moved to Portland in furtherance of this object.

[August,

Medical Progress.

THERAPEUTICS.

Thiol and Ichthiol.—In the June issue of *Notes on New Remedies*, we find the following, translated from the *Pharmaceutische Centralhalle*, concerning thiol and ichthiol: According to Dr. L. Reeps, in the *Monatsch. f. prakt. Dermatol.*, these two remedies show exactly similar effects, and internally also the thiol proved equally as harmless as ichthiol. In a subsequent issue of the same publication Buzzi substantiates the favorable results obtained with thiol by Reeps. At the same time he furnishes additional facts, obtained from Jacobsen, about the characteristics of thiol, especially with regard to improvements developed by the manufacture of thiol in larger quantities. This more extensive production has resulted in a fairly uniform and pure preparation, which may be designated as "chemically pure." The thiol now produced is free from the acid constituents, previously remaining as impure attributes, attaching during process of manufacture; neither does it retain the alkali formerly present in consequence of the saturating and treatment with alkalis. The thiol is now also free of the adhering unchanged mineral oil, and of the cleansing medium (ligroin) used to eliminate the oil. Above all it no longer possesses the obnoxious odor, due to the slight additions of sulphureted crude oils; the odor of the pure thiol is slightly bituminous, not at all unpleasant, and the taste is bitter and astringent. Thiol is commercially obtainable in two forms: 1°. *Thiolum liquidum*, a 40 per cent solution, of the consistency of thick syrup, and sp. gr. 1,080 to 1,081 at 15° C. 2°. *Thiolum siccum*, in beautiful black, shining scales, obtained by carefully drying the liquid thiol. The elimination of all impure alkali salts enables the drying process and the constant solid condition. For convenience in employing same the scales are rubbed up into an impalpable powder. The dry thiol is wholly soluble in water and perfectly miscible; the astringent taste is particularly prominent in this form. In this dry state it is specially adapted for internal administration, and for dry application, prepared of 10 to 20 per cent. Thiol with amyllum, talcum, bismuthum subnitricum, zincum oxydatum, etc.

PATHOLOGICAL AND PHYSIOLOGICAL NOTES.

Malformations of the *Œsophagus*.—M. J. Brosset has written a very interesting paper on this subject (*Lyon Médical*) detailing several cases which he had occasion to observe, and giving a good review of the literature on the subject. Six principal types may be distinguished in these malformations: 1°. Absence of a portion of the *œsophagus*, the upper portion terminating in a *cul de sac*, one to two inches from the supe-

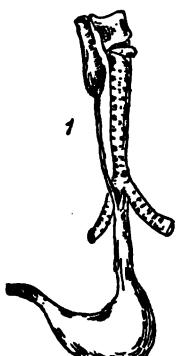


Fig. 7, Type I.

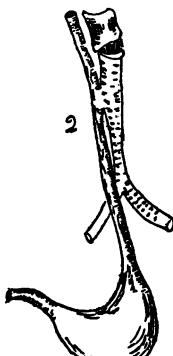


Fig. 8, Type II.



Fig. 9, Type III.

rior border of the thyroid cartilage; the lower portion opening into the trachea, or a bronchus (Fig. 7); 2°. Tracheo-œsophageal fissure; simple communication of the *œsophagus* with trachea; the remainder of the two tubes normal (Fig. 8); 3°. Absence of *œsophagus* for a greater or less portion of its

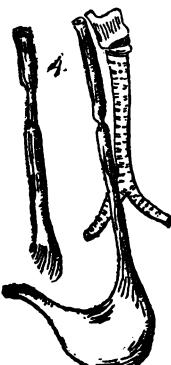


Fig. 10, Type IV.

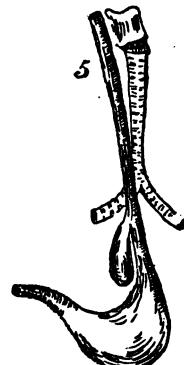


Fig. 11, Type V.

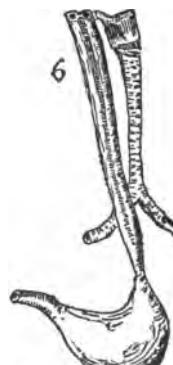


Fig. 12, Type VI.

extent; a fibro-muscular cord uniting the two *culs de sac*

(Fig. 9); 4°. Annular or longitudinal strictures of the œsophagus (Fig. 10); 5°. Ectasia and diverticula of the œsophagus (Fig. 11); 6°. Division of the œsophagus with reunion at its lower extremity (Fig. 12). Each one of these types has a number of varieties, which can be easily referred back to the typical form.

Tænia Cucumerina in Man.—The instances in which this form of tapeworm has been found in man are not extremely rare, nor are they so frequent but that two well authenticated cases become of interest to the student of helminthology. Carus and Brandt in the *Zoologische Anzeiger* are the reporters of these cases, both of which were found in children. *Tænia cucumerina* is comparatively common in the dog, and for a long time the source of infection remained a mystery, which was finally solved by Van Beneden of Brussels. In "Animal Parasites and Messmates," by this author (a most entertaining and valuable book in many respects, but one marred by constant teleological efforts to reconcile science and religion), he tells how he discovered the secret. A little acarus,—*trichodectes canis*, or dog-tick, was found to be the carrier of the scolex, or one might say the larva of the *tænia*. The dog infects himself by licking or biting the ticks off his skin and swallowing them, exactly in the same manner that the horse infects itself with bots. The process of digestion then sets the scolex free to pursue its career in the cycle of existence of the *tænia cucumerina*. Since these facts have been known, in almost every reported case of the finding of the *tænia* in the human being, some direct connection of the latter with dogs has been shown. Thus in the cases referred to, reported by Carus and Brandt, the children were very fond of a pet dog, which they were constantly hugging and embracing. One of the patients was a girl of fourteen years. After having taken a strong dose of oil of male fern, she passed forty-eight *tæniæ cucumerinæ* of different lengths, some being 35 centimeters (14 inches) in length. The other child, aged eight years, passed thirty *tænias*, averaging ten inches in length each. Brandt, after recognizing the *tænia*, examined the dogs and found them infested with *trichodectes*.

The Universities of Bonn and Koenigsberg are the only two Prussian ones not provided with a chair of hygiene.

OBSTETRICS AND GYNAECOLOGY.

Chronic Cystitis in the Female.—In the section of Obstetrics and Diseases of Women at the late meeting of the American Medical Association Dr. Augustus P. Clark read a paper on Chronic Cystitis in the Female (*N. Y. Med. Record.*)

Few diseases prove to gynaecologists so vexatious or intractable as chronic cystitis. The lesions, or morbid causes giving rise to cystitis are numerous, whether it be the acute or chronic form. Each case merits separate consideration. The arrangement of the muscular coat of the bladder is such as to give it a wonderful immunity against ordinary accidents and conditions which occur in the viscus itself. This fact should make us remember that symptoms present in a case of cystitis are often but an expression of the organ that there has occurred a lesion or a morbid process at a distance from the part seemingly affected. Anal and rectal inflammation are not uncommon causes of cystitis. Resort to dilatation of the urethra will be followed by the best results in cases where tenesmus is an important symptom, and in which the parts around have been contracted and hypertrophied. Faradism, with one pole near the uterus and the other over the bladder, gives speedy relief. Corrosive sublimate, 1 to 2,000, will often prove of benefit when no marked organic changes have occurred, the train of symptoms due to suppuration, fermentation, and the uncleanliness generally. No general rule of application can be laid down in all cases. Some will yield readily, others will defy all recognized methods of treatment, and can be cured or corrected only after the most ingenious and skillful operation.

Book Reviews.

Lectures on Errors of Refraction and their Correction by Glasses. By FRANCIS VALK, M. D. Profusely illustrated by Wood Cuts and Colored plates. [New York: G. P. Putnam & Sons, 1889.

This little work of 241 pages is just out of the press of the well known firm of Putnam & Sons and can justly lay claim to being the latest thing on that subject. While the subject

matter is published in the form of lectures, it is practically a *tratise* on the subject, embracing the entire field. The various subjects are treated of under the following divisions: Anatomy, Refraction, Emmetropia, Hypermetropia, Myopia, Ophthalmoscopy, Muscular Asthenopia, Astigmatism, Retinoscopy, Presbyopia and Illustrative cases. While the author does no claim to give new material to the subject, he has collected all the old material into very convenient and condensed form and has endeavored to make the work "as simple and practical as possible." In this particular he has succeeded well. The work is specially designed for learners in anomalies of refraction and for such the work will certainly prove to be very valuable. It is no small labor to cull the whole subject-matter out of the various text books, but in this little book the whole thing is given in a nut shell, simplified, condensed, all nicely arranged and fully explained. While some errors of statement have been observed, they are unimportant. We take great pleasure in recommending the little work to all who desire to become expert in the difficult subject of refractive anomalies and their correction by the adaptation of proper glasses.

A. D. W.

**Atlas of Venereal and Skin Diseases, with original Text,
by PRINCE A. MORROW, A. M., M. D. Fasciculi XIV and
XV. [New York: William Wood and Company, 1889.
Price \$2.00 per part. Sold by subscription only.**

The two parts before us conclude this valuable atlas. It is a work which reflects credit upon the authors and publishers alike. In Plate XVI we have *lupus erythematosus* and *lupus vulgaris* delineated. They are well executed plates from the author's collection. The next plate is devoted to two rare forms of disease—*lupus papillaris* and *tuberculosis papillomatosa cutis*. Plate LXVIII illustrates *sarcoma* of the trunk, and of the face in a very graphic manner. In plate LXIX we have *epithelioma* and *rodent ulcer* shown in a manner which cannot fail to impress even the most casual observer in respect to the different clinical aspects presented by these two conditions. Plate LXX is of more than passing interest, illustrating as it does the macular and tubercular forms of *leprosy*, a disease which has, of late, aroused the attention of the medical profession throughout the civilized world.

Part XV is devoted to the parasitic diseases of the skin. Plate LXXI, of scabies, while very marked and a good example is rather pronounced, the eruption being distributed over the trunk and extremities. The picture, however, is excellent. Pediculosis corporis is figured in plate LXXII. The secondary eruption and excoriations due to the scratching are well shown. In the picture of chromophytosis, shown in plate LXXIII, the macules, in our opinion, have too much of a reddish tinge. The representation of the distribution is, however, excellent. In plate LXXIV is given a picture of favus and ringworm occurring in the same subject, and the final plate of this atlas (LXXV) gives excellent pictures of eczema maginatum and favus. When we view the book as a whole, we cannot help regretting that such an excellent work must have an end.

We have none but words of commendation to offer in behalf of this atlas and hope that its completion will not deter either the author or his publishers from continuing in the same line of publication.

O-D.

Literary Notes.

The Medical News will, after Oct. 1, next, be under the editorial charge of Dr. Hobart A. Hare, at present one of the editors of the *University Medical Magazine*.

The Chicago Medical Journal and Examiner has decided not to appear "for the present." This journal was one of our old contemporaries, having been established in 1844, one year after the JOURNAL.

The Times and Register has not ceased to absorb. The latest publication which has been included under the title is the *Polyclinic*. Thus is the problem of "too many medical journals" being solved.

Books Received.—The following books have been received and will be reviewed in due course of time: Transactions of the American Orthopedic Association, Vol. I, 8vo, pp. 303. Published for the Association, 1889.—Transactions

of the Southern Surgical and Gynæcological Association. Vol. I, Session of 1888, Birmingham, Ala., 1889.—The Diagnosis and Treatment of Extra-Uterine Pregnancy, by John Strahan, M.D., M.Ch., M.A.O., 8vo., pp. 134. Philadelphia, P. Blakiston, Son & Co., 1889.

Diseases of Women—a Manual of Non-Surgical Gynecology for Students and General Practitioners, by F. H. Davenport, A. B., M. D. Small 8vo, pp. 317. Philadelphia, Lea Brothers & Co., 1889.

English in the Past and Present.—This work by Archbishop Trench, second in value and interest only to his great work on "The Study of Words," constitutes numbers 108 and 109 of the Humboldt Library. The publishers of this serial are doing excellent service in bringing standard works like this, not only of literature but of science and art, within the reach of the poorest student. Each number may be had separately, or for an annual subscription of \$1.50, one volume appearing each month. They may be procured at any book-stand, or on application to the Humboldt Publishing Co., 28 Lafayette Place, New York.

The Treatment of the Morphia Disease.—Dr. Erlenmeyer published his great work on the morphine habit in 1883, a second edition appearing in 1887. This latter has been condensed and translated by Dr. E. P. Hurd for the Physician's Leisure Library. It is unnecessary here to say any words of praise of this work which is acknowledged to be the best on the subject with which it deals. All the main features have been preserved in the condensed translation, the chapter on treatment being reproduced in its entirety. We would advise everyone to send 25 cents to Geo. S. Davis, Detroit, the publisher and obtain a copy of this valuable brochure.

Scribner's Magazine.—The August number of this journal is a most seasonable one, full as it is of articles on out-door life and sport. One of the most delightful papers that we have read in a long time is that on Tarpon Fishing in Florida, by Robert Grant. It looks and reads very strangely to one who knew only the older ways of catching this giant game fish,—graining or netting, and gives the reader a very high idea of the skill with rod and reel acquired by modern fishermen.

The paper on Electricity in Lighting in the present number is a worthy successor to the introductory paper on Electricity Applied to Every-day Life that appeared in the July number.

Pamphlets Received.—The following pamphlets have been received during the past month and we take this occasion to return our thanks for the same: Ueber Ichthyol (Separat-Abdruck der Algemeinen Medicinischen Central-Zeitung No. 39 u. 40, 1889); Ueber Ichthyol-Behandlung des Erysipelas, von Dr. von Brunn (Sonder-Abdruck der Therapeutische Monatshefte, No. 5, Mai., 1889); Beobachtungen ueber das Ichthyol nach dreijähricher Anwendung, von Dr. von Hoffman, und Dr. Lange (Sonder-Abdruck der Therapeutische Monatshefte, No. 5, Mai., 1889); Catalogue of the Albany Medical College, 58th session, 1888-89, and Announcement for Session 1889-90; Digestive Ferments, A Consideration of their Nature, Quality, Action, Dosage and Incompatibilities (Compiled by Scientific Department of Parke, Davis & Co.); Fees in Hospitals, by Henry J. Bigelow (From the *Boston Medical and Surgical Journal*, April 18, 1889); Annual Announcement and Catalogue of the Baltimore College of Physicians and Surgeons for 1889-90; Annual Catalogue and Announcement of the Missouri Medical College for 1889-90; Catalogue of the Albany Medical College and Announcement for Session 1889-90; A Contribution to the Study of the Traumatic Neurosis (Railway-Spine) by L. Bremer, M. D. (Reprint from the *Alienist and Neurologist*, July, 1889); A Case of Hodgkin's Disease, Accompanied with a possible resulting Paraplegia, by Lewis H. Adler, Jr., M. D. (from the *Medical News*, Jan. 12, 1889); Report of a Case of Hystero-Epilepsy in a Man, by Lewis H. Adler, Jr., M. D. (from the *Medical News*, March 9, 1889); Report of Amputations Performed at the Hospital of the University of Pennsylvania from Sept. 30, 1874 to Dec. 31, 1888, by Lewis H. Adler, Jr., M. D. (from the *Medical and Surgical Reporter*, May 11, 1889); Report of a Case of Stricture of the Rectum, the Probable Result of a Specific Vaginitis, by Lewis H. Adler, Jr., M. D. (from the *Medical and Surgical Reporter*, June 29, 1889.)

Expression in the treatment of Trachoma, by A. L. Prince, M. D. (Read at the meeting of the Ill. State Med. Soc., May 23-25, 1889); Pelvic and Abdominal Drainage, by David

Prince, M. D. (From *Tran. Am. Surg. Assoc.*, 1888, *Annals of Gynecology*, Dec., 1888); Boric Acid and Oil of Cacia as Wound Dressings, by David Prince, M. D. (From the *American Practitioner*, March 30, 1889); The Hedge Thorn Poison, by David Prince, M. D. (Read at the meeting of the Ill. State Med. Soc., May 23-25, 1889); Table of Results of Experimental Tests of the Value of Antiseptics, by G. V. Black, M. D., D. D. S. (From the *Dental Review*, Vol. III, Nos. 2 and 3); Contribution a L'étude des Corps Etrangers des Voies Aeriennes, par le Dr. E. J. Moure (Communication faite a la Société de Médecine et de Chirurgie de Bordeaux, 1889); Ninth Annual Announcement and Catalogue of Session of 1888-89 of University Medical College of Kansas City; Eighth Annual Announcement of the College of Physicians and Surgeons of Chicago, Session of 1889-90; Forty-eighth Annual Announcement of the St. Louis Medical College, and Catalogue for 1888-89; Annual Announcement of the Louisville College of Dentistry, Session of 1890; Annual Announcement of the Hospital College of Medicine, Louisville, Ky., Session of 1890; Sixty-fifth Annual Announcement of the Jefferson Medical College of Philadelphia, Session of 1889-90.

Melange.

The Tenth International Medical Congress will be held in Berlin and it is proposed that the sessions begin Aug. 6, 1890.

San Francisco is to have another polyclinic, or rather dispensary. It will, in all probability, be opened in the early part of August.

The American Rhinological Association will hold its seventh annual meeting at Chicago, Ill., Oct. 9, 10 and 11, 1889. The committee on examination of the inmates of insane asylums will make their report on "The Relation of Rhinal Inflammations to Mind Affections" at this session.

Rhode Island Medical Society.—The following officers were elected for the coming year: President, Dr. John W. Mitchell; Vice-Presidents, Dr. Wm. H. Palmer and Robert F.

Noyes; Recording Secretary, Dr. Wm. R. White; Corresponding Secretary, Dr. Geo. D. Hersey; Treasurer, Dr. Geo. L. Collins.

New Hampshire Medical Society.—Preparations are already on foot to celebrate the centennial of this society, which was incorporated 1791. The following are the officers for the coming year: President, Dr. Wm. Child; Vice-President, Dr. Lyman B. How; Secretary, Dr. Granville P. Conn; Treasurer, Dr. Daniel S. Adams.

The Mississippi Valley Medical Association will hold its next annual meeting at Evansville, Ind., Sept. 24, 25 and 26, 1889. From present indications there will be a large attendance. Dr. A. M. Owen, the chairman of the committee of arrangements, promises a series of entertainments such as will fairly dazzle the visitors who are so fortunate as to be present.

Three Abdominal Sections in one Patient.—We learn from the *Denver Medical Times* that Dr. Thos. H. Hawkins, of Denver, Col., performed laparotomy for septicæmia with pelvic peritonitis, etc., on April 1, last, two weeks later, he again performed laparotomy and evacuated an abscess situated in the left broad ligament. Eighteen days later, a third laparotomy was performed and a small abscess found. Strange to relate the patient was well on June 8.

American Ophthalmological Society.—At the recent meeting of this society the following officers were elected: President.—Dr. Oren D. Pomeroy, of New York. Vice-President.—Dr. Gorham Bacon, of New York. Secretary and Treasurer.—Dr. J. J. B. Vermoyne, of New Bedford, Mass. Members of Executive Committee of Congress of American Physicians and Surgeons.—Dr. W. H. Carmalt, of New Haven; alternate, Dr. F. B. Loring, Washington, D. C.

Flags to Announce Confinements.—The *Medical and Surgical Reporter* states that medical men who intend to go abroad this season may find it interesting and profitable to bear in mind an announcement just made in the French medical press. This announcement is to the effect that a flag will be displayed at the Medical Department of the University of

Paris whenever a confinement is in progress in the Obstetrical Ward. The color of the flag will indicate the kind of confinement: a blue flag indicating that the confinement is a simple one, a yellow flag that the labor is difficult, and a green flag that an operation is necessary.

Black-Mailing in London.—We are pleased to note the results attending an attempt at black-mail, published in the *Medical Record*. It appears that an attempt at black-mail of the most serious and despicable character was recently made against Mr. Malcolm Morris, of London, by a black-mailer named Grandy and a prostitute co-conspirator. They charged Mr. Morris with having, after immoral relations with the female prisoner, broken a promise of marriage made to her, but they were met, unexpectedly, by Mr. Morris handing them over to the police. It was then ascertained that this was not by any means the first speculation of this sort by the pair, and, notwithstanding the plea of their lawyer, that they had simply mistaken Mr. Morris for some other person, they were "sent up" for five years and eighteen months respectively.

Rules for the Prevention of Consumption.—The New York Board of Health has distributed ten thousand copies of the following rules: 1°. The sputa of suspected consumptives should be received in earthen or glass dishes containing a solution of bichloride of mercury, 1 to 1000. 2°. Do not sleep in a room occupied by a person suspected of having consumption. The living rooms of a consumptive patient should have as little furniture as practicable. Hangings should be completely avoided. The use of carpets, rugs, etc., ought always to be avoided. 3°. Do not fail to wash thoroughly the eating utensils of a person suspected of having consumption as soon after eating as possible, using boiling water for the purpose. 4°. Do not mingle the unwashed clothing of consumptive patients with similar clothing of other persons. 5°. Do not fail to catch the bowel discharges of consumptive patients with diarrhoea in a vessel containing corrosive sublimate one part, water one thousand parts. 6°. Do not fail to consult the family physician regarding the social relations of persons suffering from suspected consumption. 7°. Do not permit mothers suspected of having consumption to nurse their off-

spring. 8°. Household pets (animals or birds) are quite susceptible to tuberculosis: therefore do not expose them to persons affected with consumption; also do not keep, but destroy at once, all household pets suspected of having consumption, otherwise they may give it to human beings. 9°. Do not fail to thoroughly cleanse the floors, walls, and ceilings of the living and sleeping rooms of persons suffering from consumption at least once in two weeks.

Women Physicians in India.—*The College and Clinical Record* extracts the following from the *Overland Mail*, which states that in India lady doctors are now familiar to us, and although at first they may have been somewhat ridiculed by those who could not appreciate their value, they are fast making their presence felt for good in almost every corner of the land. So far as the native women of this country are concerned, it is gratifying to note that their success in all branches of college education is progressing to the entire satisfaction of their professors. Not only have they proved themselves to be generally well fitted for the arduous duties attendant upon medical studies, but they have, in some cases, succeeded beyond all ordinary expectation. Bombay, Madras, the Northwest Provinces, and the Punjab, all return flattering reports on the subject, and when we say that a class of female students can average over 700 marks out of 1000 in a surgical examination, as we hear has recently been the case, little can be said against their power of skill or aptitude for gaining knowledge in one of the most important branches of the medical profession. Indeed, it appears not unlikely that women in India may prove themselves by no means inferior to men in most branches of the practice of medicine, if the progress made by native females in hospital work may be taken as a criterion. In many cases they have proved themselves superior to male students in college examinations, and in no way behind them in application, power of reasoning, and resource. The fact that much of their success is due to the great interest taken in their studies by their lecturers and professors is not without a certain special significance.

Connection During Pregnancy.—M. Witkowski, in his work on the History of Accouchements (*l'Histoire des Accouchements*), gives the following historical memoranda on

this delicate subject: Mauriceau forbade his patients to permit the marital embrace during the two last months of their pregnancy, giving as a reason that alleged in Japan at the present day, viz., that agitation of the body and pressure upon the abdomen were injurious, or might become so, both to mother and foetus. His cotemporary and rival, Dionis, protested vigorously against this dictum, "Mauriceau," said he, "could not have based this advice upon personal knowledge. During forty-six years of his married life he has never been able to get a child, while I have a wife who has been pregnant twenty times and borne me twenty living children, each one of which was happily born at full term. I am convinced, therefore, that the embraces of the spouse under the interdicted circumstances are not injurious." This too was the opinion of Bonaccioli, who practiced at Ferrara about 1530. "Women," says he "who have continued to fulfil their marital duties during their entire pregnancy support the pangs of accouchement better than those who have been continent, and, besides, they never have that palor of visage which makes the latter so hideous." Sue remarks that this point has always been ignored by surgeon-accoucheurs, but that the prejudice against coition during pregnancy, and that continence renders parturition more facile, is very ancient, having been an accepted fact in the time of Hippocrates. It was founded, no doubt, upon the fact the females of the lower animals instinctively shunned the approaches of the male during pregnancy. Rabelais says, "the beasts that go on their bellies, will not endure the male, demonstrating his masculinity (*le mâle masculant*)."¹ Dr. Sue excepts from this sweeping statement, the mare, and associates her with the human female in opposition to the otherwise universal habit of lower animals. He says: "*Mulier equa, omnium maxime animalium gravidae coitum patiuntur; dum cetera, ubi gravida fuerunt, fugiunt mares.*" Popilia, being asked her opinion on the subject, answered that she "was not astonished that female beasts shunned the approach of the male when they were gravid—it was simply because they *were* beasts and knew no better." Porthius put this answer of Popilia into the shape of an epigram, freely rendered thus:

The female brute when pregnant shuns her mate
While pregnant woman seems insatiate.
"Ah," said Popilia,—witty and wise was she,
"But give brutes reason, and they'll act like we!"

Citing, but without recommending it as an example to be imitated, the case of Julia, daughter of Augustus Cæsar, who "admitted no miscellaneous passengers on her craft until she had stored her cargo in the hold"; nor absolutely agreeing with Aristotle who counseled coitus to facilitate child-birth, we nevertheless believe that coitus in moderation does no harm at any period in pregnancy. Those women who are predisposed to abortion or miscarriage should, of course, avoid it.

Testing a Drug Upon a Criminal.—The recent action of Dr. Arning in the Sandwich Islands in testing the inoculability of leprosy upon a condemned criminal has excited a good deal of discussion in medical and lay circles. This revival of a mediæval custom has caused considerable delving into encyclopædias and histories for parallel examples and a number of interesting incidents of this description. One of the most quaint and curious that we remember is told in the writings of Ambroise Paré, concerning his connection with the testing of a certain amulet, the Bezakar or Bezahar, a precious stone which "the son of Almescama, guardian of the law of God, obtained one day, giving in exchange his magnificent residence, almost a palace, which he had built in Cordova."

The following is a translation of the quaint old French narration in Paré's own words:

The king recently deceased, being at his palace in Clermont, in Auvergne, a seigneur brought to him, out of Spain, a stone of Bezahar (bezoar), which was reported to be antidote to all poisons, and which the seigneur valued excessively. I being there in the chamber of the said king, he called me to him, and asked me if it was possible to discover some certain and simple drug which was good against every poison, to which I presently replied there was not, since there were many sorts and manners of venoms, of which some must be taken internally while others acted on being applied externally. I thus remonstrated with him, showing that all poisons do not produce their effects in the same way, nor do their effects proceed from the same cause. Some operate from the excess of elementary qualities of which they are composed; others operate by their own specific quality, occult and secret, not subjected to any reason, and each of these diversities it would be necessary to counteract. Thus, if they

were hot, it would be necessary to oppose them with cold, and if they were cold we must give heat, and so on with other qualities. But the seigneur who had brought the stone thither would persist against all my reasoning that it, the said stone, was good against all venoms. "Then," said the king, "we have here a good means of making some experiments upon some rascal who merits the gallows." Then, promptly, he sent for Monsieur de la Trousse, provost of his hotel, and demanded if he had any one who merited the cord. The provost made answer that he did have, in truth, a certain cook who had stolen two plates of silver from the house of his master, where he was in service, and that on the morrow this said man would be hung and strangled. Thereupon the king said that he "desired to make trial of a certain stone which was vaunted to be good against all venoms (poisons). Make known to the said cook after his condemnation that if he will take a certain poison and instantly thereupon an antidote thereto, and survives, his life shall be spared." To this proposition the said condemned very readily assented, affirming that at any rate he would rather die of poison than lie in prison and be strangled.

Forthwith an apothecary was fetched who gave to the said condemned a certain poison mixed in the shape of a potion, and instantly thereafter the said stone Bezahar. Having these two good drugs in his stomach, the condemned commenced to vomit and pretty soon to run to the stool with huge gripings, crying that he did have a great fire in his belly and praying for water to drink, which was refused to him. One hour after, being advised that the prisoner had taken that good drug, I prayed Seigneur de la Trousse that he would permit me to see him, which permission he accorded. Accompanied by three archers of the guard I found the poor prisoner on all fours, creeping around like a beast, his tongue protruding from his mouth, the eyes and visage flamboyant, essaying always to vomit, bathed in a mighty cold sweat. Blood was exuding from his ears, nose, mouth, from his anus and privates. I caused him to drink about a half sextier of oil, thinking thus to aid him, but it was of no service to him. He was too far gone, and presently died miserably, crying out that he had far better have chosen the gallows. He had lived about seven hours after taking the draught. He being dead, I opened his body, in the presence of the said Seigneur de la Trousse and four of his archers. I found the bottom of the stomach black, arid and dry, as though a cautery had been passed over it, which gave me to understand that he had perished by sublimate.

And thus the Spanish stone was proven by actual experiment to be of no value, for which cause the king commanded that it be thrown into the fire, which was done accordingly.

Special.

A MEDICAL JOURNAL TRUST.

Just as the JOURNAL is going to press we are in receipt of an advance proof of the *Druggists Circular and Chemical Gazette* containing the following article entitled "A Medical Journal Trust," which we think of sufficient importance to warrant insertion here:

"It is currently rumored that a combination of prominent proprietary and patent medicine houses has been formed to furnish capital to and control what is proposed to be substantially a "Medical Journal Trust." These rumors have grown from the announcement sent out a short time ago when several medical journals in Philadelphia were consolidated under the name of the *Times and Register*.

"It is said that this combination, which is known as the American Medical Press Association, proposes to gradually absorb all the medical journals of this country. The way this is to be accomplished is for the combination of manufacturers to withdraw their advertisements at the same time from one journal, and use every other means they can to cripple it, so that it can be bought in at a low rate. This plan is to be continued slowly and cautiously, so as to avoid publicity, until all of the journals are gradually taken in.

"Such a combination, if it should be completed and conducted in accordance with the peculiar honesty and principles that the *Times and Register* is now advocating, as will be noticed in an article in this issue headed 'Justifying a Fraud,' would certainly make a spectacle that would bring everlasting disgrace on the medical profession of this country and on all who have had anything to do with so unprincipled an undertaking.

"On any kind of a basis such a 'medical journal trust' would give nostrum mongers a powerful weapon with which to humbug and deceive the medical profession; and its progress will most surely be opposed by all respectable journals, physicians and druggists and by the general public."

In strong corroboration of a portion of the allegations here made, but in direct contradiction of others, we print the following extract from a circular letter addressed to Dr. Frank L. James, one of the editors of this JOURNAL, and received by him some weeks ago:

"DEAR DOCTOR: There is a movement now under way in which we hope to interest you. It is desired to unite a

number of the medical journals now existing into one strong weekly ; with a subscription list of at least Fifteen Thousand. *It is to be the organ of the medical profession at large ; and not of any college, clique, society, or city ; and not connected with any publishing house or manufacturing firm.* To insure this object it is to be published under the auspices of the American Medical Press Association ; composed of One Hundred leading men in this country and abroad."

The matter alluded to in the *Druggists Circular's* article above, "Justifying a Fraud" is one to which our attention had already been directed, but which was received too late to notice at length in the JOURNAL for August. We may say, in brief, that it is a bold defence of an outrageous attempt to deceive the medical profession, made by the proprietors of a preparation called *Febriline*, and claiming to be a "tasteless quinine." Prof. Eccles having analyzed "Febriline" and proved that it did not contain a particle of quinine, the editor of the *Times and Register* defends the fraud in an article entitled "A New View of a Certain Form of Substitution," and which concludes with these remarkable words :

"Now, if it be pardonable to mystify a patient a little by a bit of clap-trap, and no physician can succeed who fails to array the mental forces of his patient on his side, *is it not equally justifiable for the druggist to do the same to the physician, if the conditions are alike ?*"

Lack of time and space prevent any further comments on our part. Indeed, they are scarcely needed, for the *Times and Register*, by this bold declaration, that the druggist has the right to swindle the doctor because the latter, under certain circumstances, must 'mystify' a patient, has placed itself squarely before the medical profession for judgment on its merits. What will the verdict of the profession be ?

The Dog in the Manger.—The *Pittsburg Medical Review* has a grievance, if we are to judge from the following: "The covert snarl of that mean beast, the Dog in the Manger, was perceptible to practised ears at the Newport meeting. It is a pity that this offensive canine must intrude at the Association meetings. He should be kept chained at home, or at least muzzled by his more judicious friends when allowed at large."

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Original Contributions.

THREE UNIQUE CASES OF SUPPURATIVE APPENDICITIS.* BY
H.C. DALTON, M. D., Supt. City Hospital, St. Louis.

Having been honored by your worthy President with the appointment of Chairman of the Sub-committee on Abdominal Surgery, it may justly be considered my bounden duty to make a report on the progress of that branch of our art for the past year, but as the field is such an immense one, I have been loth to attack it, preferring in lieu thereof to give the history of three cases of Suppurative Appendicitis upon which I have recently operated, believing that I can better entertain you thereby.

Not until within the past few years has this affection received anything like the attention its gravity demands. So much, however, has been recently written on the subject that much light has been thrown upon it, and I imagine that the most of you have been so satiated with it, that you are ready to aver that I could entertain you better by a few brilliant flashes of silence. However, there are few diseases in which we do not occasionally see very unique conditions and complications from which we may learn something. This happens to be the case in the three cases to which I invite your attention to-day, and is my excuse for bringing forward so trite a subject. The cases are as follows:

* Read before the Missouri State Medical Association, Springfield, May 22, 1889.

CASE I.—SUPPURATIVE APPENDICITIS.—OPERATION.—FECAL FISTULA.—ABSCESS OF LIVER.—DEATH.

Frank W., *æt.* 54, German, single, cook, entered the hospital October 8, 1888. Two weeks before admission he was awakened in the night by a cramping pain in the epigastric region, which in a few minutes passed to the right iliac fossa. The pain was of a burning, boring nature; had fever every day since, and some nausea, but no vomiting. He worked until the day before admission. Bowels moved once daily, stools were small and liquid in character.

When admitted his temperature was 101° F., pulse 80, respirations 28, tongue coated white, no appetite. An immovable tumor was found in right iliac region which was quite tender on pressure and dull on percussion to the extent of three by four inches. An enema of oil and glycerin failed to move bowels. Finger in rectum felt fullness in right iliac fossa. Operation performed on the 10th inst. under antiseptic precautions. Incision four inches long was made parallel with Poupart's ligament over caput coli, being what is known as the typical operation for the ligation of the external iliac artery. There being no adhesions between the tumor and the abdominal wall the general peritoneal cavity was entered. A swelling about the size of a small orange was found in the cæcal region. Iodoform gauze was packed around it, shutting it off from the general peritoneal cavity as well as possible. Patient was turned on right side and the pus cavity opened, evacuating about three ounces of very offensive pus. The abscess cavity was thoroughly washed out with a 1-1000 bi-chloride solution. During the irrigation two or three sections of tape-worm passed out. Appendix not found.

Patient was re-dressed in forty-eight hours, and the abscess was found shut off from the general peritoneal cavity. His temperature next morning was 100°.2 F., respirations 24, pulse 102. He did remarkably well for about eight days, in fact, I flattered myself that his recovery was assured. About this time, however, a fecal fistula was noticed, and the temperature and pulse became elevated. The symptoms were very obscure; he did not complain of pain or the least discomfort. There was some fever. There was absolutely no symptom pointing to involvement of the liver. Post-mortem made on October 25th, two hours after death, showed an abscess of that

organ situated in the convex portion of the right lobe immediately under the diaphragm near the median line.

The deep-seated and inaccessible position of the abscess accounted for the absence of surface indications pointing to the same, and as there was no pain in that region we failed to discover it ante-mortem. The post-mortem revealed a tape-worm eighteen or twenty feet long in the small intestine, its end extending several inches into the cæcum. As there was no other foreign substance in the appendix I concluded that the tape-worm was the offending body.

The appendix was found deeply buried in the subjacent tissue, which accounted for our inability to remove it. It contained, near its middle, a perforation through which the point of the little finger could be inserted. There was no communication between the cæcum and appendix, it being closed by inflammatory adhesion. A careful examination was made to determine whether the pus had burrowed its way from the cæcum to the liver giving rise to the abscess of the latter, but nothing was found indicating it. Coupland, in the *British Medical Journal* of March 23, 1889, gives an instance where a subdiaphragmatic abscess followed the perityphilitic lesion in this way. Nothing was left of the wound except a fistulous tract leading to the appendix, showing that, had the patient escaped the metastatic abscess, he doubtless would have recovered. Even had we discovered the abscess ante-mortem I doubt whether we could have evacuated it successfully, owing to its inaccessible location.

CASE II.—SUPPURATIVE APPENDICITIS.—GANGRENE OF OMENTUM.—SEPTIC PERITONITIS.—OPERATION.—DEATH.

Amos L., æt. 21, German, single, brewer, entered the hospital May 5, 1889. Had always enjoyed good health until last January when he had an attack of acute dysentery which lasted about ten days. In March last had diarrhoea for several days; after that his bowels were regular until the present attack, which commenced six days before admission, with headache and pain in epigastric region. It was paroxysmal and increased in severity daily, but did not compel him to quit work until the evening of the 5th day. His bowels moved slightly on the second day of his illness, but did not move again till the sixth when he had a small watery stool. He had been dosed for several days with drastic purgatives.

About fifteen hours before admission he vomited for the first time, after which he ejected every thing taken into his stomach. Entered the hospital shortly before midnight at which time his pulse was 112, temperature 100° F., respirations 30. There was tenderness over entire abdomen, not particularly marked in any one place. Percussion gave rather more dullness on right than on left side, though this was not marked. The next morning, the 6th, these symptoms were all aggravated. Temperature 101° F., pulse 120, respirations 32, countenance anxious, abdomen very tender to pressure. There was no tympanitis and but little distention. We diagnosed septic peritonitis, most likely due to perforative appendicitis, though of the last we were not at all sure, as there was nothing positive to base it upon.

After boiling the instruments for half an hour in a two and one-half per cent. carbolic acid solution, and observing strict antiseptic precautions, I made median laparotomy, incision extending from two inches above umbilicus to within three inches of pubes. The cavity was full of pus, the intestines adherent in many places, quite red, and covered here and there with a thick, plastic exudate. A piece of gangrenous omentum as large as the fist was found attached to appendix and floating freely in the cavity. This was tied off from the sound omentum, the appendix tied off close to the cæcum, and the stump cauterized with a Paquelin cautery. As the intestines were taken out they were wrapped in cloths wrung out in hot sterilized water, and while out a stream of the same was played upon them. The cavity was thoroughly washed with a large quantity of sterilized water, and a drain tube put in at lower angle of wound, extending to the bottom of pelvis, and the cavity closed. The time of operation, from the first incision to putting of patient to bed, was exactly one hour. He rallied fairly well, but never entirely recovered from shock, and died 24 hours after the operation.

The post-mortem, made three hours after death, showed cavity in a very fair condition, but little fluid in pelvis and dorsal gutters. The specimen which I present herewith is a very beautiful one; it shows the hardened fecal concretion, the *corpus delicti*, in situ. When the ulceration through the end of the appendix was taking place the omentum became adherent to the site of perforation, and a pus cavity about

half an inch in diameter formed in the omentum, this in turn was perforated, letting pus into the peritoneal cavity, setting up the septic peritonitis. I think I see where I made two mistakes in this operation, i. e. taking out the intestines, and in not irrigating the cavity with an antiseptic solution. We wash out the septic knee-joint with a two and a half per cent. carbolic or boric acid solution, and why not the septic peritoneum? The less we handle inflamed intestines the better. I believe could I do the same operation to-day and observe these precautions, my patient would have a better chance to recover.

The following is perhaps the most extraordinary case of the kind on record. It is certainly one of the most unique cases I have ever seen. I presented the patient and specimen to the St. Louis Medical Society on last Saturday night, May 18.

CASE III.—SUPPURATIVE APPENDICITIS.—OPERATION.—FECAL FISTULA.—ABSCESS OF LIVER.—OPERATION.—DISCHARGE OF GALL-BLADDER.—RECOVERY.

Henry S., aet. 26, single, laborer, entered the hospital November 30, 1888. Patient had enjoyed good health until two weeks before admission, at which time he had a chill which returned every other day till five days before admission when they ceased and diarrhoea developed. This condition continued until he came to the hospital.

A large indurated, very tender tumor was found in the the right iliac region which gave marked dullness on percussion. Finger in rectum discovered some fullness toward the right iliac fossa, but no well-defined tumor. Temperature $100^{\circ}.6$ F., pulse 105, respiration 18, appetite poor. Operation performed December 1, 1888, next day after admission. Pulse 130, temperature 101° F., respirations 30. Incision about six inches long, parallel with, and two inches above Poupart's ligament, evacuating about five ounces of pus. Appendix was adherent to bottom of wound, and lower free three-fourths was tied off. Two perforations were found in the appendix at its middle about an inch in diameter. No foreign body or fecal concretion was found. Two pieces of omentum, one an inch and a half by two inches, and another smaller piece, were found caught in the abscess cavity, both in a gangrenous condition. They were tied off from the sound tissue and excised.

During examination of the cavity, or while swabbing same, its bottom was pushed through and the general peritoneal cavity entered, which was washed out with a large quantity of sterilized water. The stump of the appendix was cauterized with Paquelin cautery. Large glass drainage tube, extending to the bottom of the pelvic cavity, was left in the wound.

Patient stood the operation well, but six hours afterwards I found him in a collapsed condition, pulse 160, temperature 106° F., perspiring profusely, and breathing rapidly, condition being evidently due to sepsis. By the administration of large quantities of stimulents, both internally and hypodermatically, quinine, etc., pulse and temperature was reduced in a few hours to nearly normal.

On December 11th an edematous swelling was noticed between the tenth and eleventh ribs in right axillary line. The needle of an aspirator, which was passed into the liver at this point, struck pus about two inches from the surface. I passed a bistoury by the side of the needle, making a free incision, and evacuating about four ounces of pus. Temperature at this time was 103° F., Pulse 130. On the 17th of December, seventeen days after the operation, inspissated bile was noticed in the dressing. On the 23rd a piece of necrotic tissue, the size of a small hen-egg, was removed from the pus cavity. Dr. Ludwig Bremer, who happened to be present at the time, examined it microscopically and pronounced it to be the entire gall-bladder. About this time a fecal fistula was discovered in the wound in right iliac region.

The patient was now very much emaciated. Pulse ranged from 130 to 140, and temperature from 102° F. to 104° F. for several weeks. During this time a large amount of bile passed through the wound; fecal fistula also remained open. The stools were quite white, showing entire absence of bile. After this the color of feces became normal. The abscess in liver decreased in size, the flow of bile gradually decreased in quantity, and the fecal fistula disappeared. About April 1st both wounds were closed. At present, patient is entirely well, and quite fleshy, weighing one hundred and fifty pounds.

I append Dr. L. Bremer's report.

REPORT of Dr. L. Bremer on a necrotic mass discharged from an hepatic abscess :

"On the 22nd of December I happened to be in the amphitheater of the St. Louis City Hospital when Dr. Dalton with his assistants was engaged in washing out an abscess of the liver on which he had operated about three weeks before. During the process of cleaning the wound canal a greenish-yellow mass of apparently dead tissues and débris, amounting to about the bulk of an English walnut, or more, was discharged, which I took with me for the purpose of determining its nature.

By the usual plate culture process I ascertained that the chief micro-organisms contained in the mass were the common pus-producers, i. e., the *micrococcus pyogenes aureus* and *albus*. The mass placed partly in alcohol, partly in bichromate of potassium solution for the purpose of future detailed examination, proved to contain as its principal constituents two large shreds of tissue, which were recognized as being parts of the gall-bladder. One presents a segment of that organ, still preserving the ring form and having an axis on the average of half an inch long. The honeycombed arrangement of the mucous membrane is very plainly visible, its serous coat more or less corroded; in some places the corrosion has resulted in perforation. The second piece is about one and one-fourth inch square, and presents the same appearance as the one just described, except that the ring form is lost.

On microscopical examination, the epithelial lining is found almost intact with the exception of here and there coagulation necrosis. The middle coat does not show any changes, but its elements are deeply impregnated with bile-pigment. Finally, the serous coat exhibits many places in which small, round-celled infiltration has taken place, besides others which seem to be in a necrotic condition. Colonies of micrococci, probably the pus-producers, are seen within, and in the neighborhood of the suppurative foci. Long and slender bacilli in varying numbers were also seen associated with the micrococci. Their nature could not be established. The sections were stained in the usual basic aniline-dyes.

In this case nature has performed cholecystectomy by the suppurative process. I believe it is the first ever recorded in medical literature. At any rate, I have failed to find anything like it in the books accessible to me.

The manner in which the event was brought about seems to me to have been as follows: There was primarily suppurative appendicitis; the pus containing the pathogenic microbes, perhaps the latter alone, got access to the veins of the mesentery which most probably, owing to their great proximity, participated in the morbid process, or were opened during the operation. Through the portal vein the poisonous material was conducted to the liver, where, by metastasis other abscesses resulted. In the same way now, that in inflammatory conditions of the stomach adhesions between this organ and the liver are formed, of such firmness and perfection, that even perforations of the former organ prove comparatively harmless. A peri-hepatitis in this case must have caused an agglutination of the lower surface of the liver with the neighboring intestines, forming a sac which enclosed the gall-bladder. This was finally detached and discharged through the canal formerly established by the suppurative process. The sac formed previously by the lower surface of the liver and the neighboring intestinal coat, and containing at that time the gall-bladder and pus, probably represents now, after the recovery of the patient, the substitute for the gall-bladder."

Those who have had appendicitis are very liable to have a recurrence of the disease, and each relapse may incite a fatal peritonitis. Of 106 cases collected by Charles Krafft and reported in Volkmann's Sammlung Klinischer Vorträge, January 15, 1889, 24 cases had previous attacks, one of the cases as late as 20 years after the first attack; in one 7 years, but in the majority of cases from 1 to 3 years. He gives the history of a patient who had perityphlitis in 1863, was sick 23 days; had a relapse in 1864 which lasted 28 days; second relapse in 1865 of 19 days, and another in 1866. In his 106 cases, he found 36 fecal concretions and 4 foreign bodies in the appendix. In 17 of his cases the abscess opened spontaneously into the cæcum, and in one into the bladder.

Edward Bull gives 67 cases: 38 times spontaneous opening through abdominal wall; 8 times spontaneous opening into peritoneal cavity; 2 times spontaneous opening into rectum; 2 times spontaneous opening into thorax; 2 times spontaneous opening into bladder; and 2 times spontaneous opening into iliac artery.

Paulier gives 49 cases: 45 times abscess opened into cæcum; 4 times abscess opened through abdominal wall.

Matterstock found in 146 autopsies of perityphlitis, 132 perforations of the appendix; in 49 autopsies on children, same disease, there were 37 perforations of the appendix.

Fenwick found in 129 autopsies of perityphlitis 113 perforations of appendix.

In the 146 autopsies of Matterstock were found 63 fecal concretions and 9 foreign bodies; in 49 autopsies on children, 27 fecal concretions and 3 foreign bodies.

Krafft says, of patients affected with appendicitis, 71.1% were males, and 28.9% women. He also states that when we make the diagnosis of perityphlitis we can never operate too soon, but sometimes too late.

Strombosz has shown that resorption occurs frequently in children, but very rarely in adults. According to Toft the appendix showed in one-third of the cadavers between 20 and 70 years, traces of inflammation, and 5% of the cadavers, in general, showed ulceration of the appendix. This differs materially from my experience in 61 autopsies at the City Hospital, St. Louis. I have observed the position and contents of the appendix in these cases and found very few traces of inflammation. The contents were as follows: Fecal, 17; mucous, 8; empty, 25; not noted, 11.

We have also noted its position with the following result: Hanging over into pelvis, 24; behind cæcum, 35; front of cæcum, 1; inner side of cæcum, 1.

The large number found in the pelvis should teach us to consider the possibility of appendicitis in inflammatory swellings in that region. Several years since I saw such an abscess in the pelvic cavity. The agglutinated intestines formed a part of the wall of the pus cavity.

In the examination of cases of perityphlitis great care should be observed, for by rough handling, too deep palpation, etc., we may rupture the pus-cavity and set up septic peritonitis; especially may this accident happen if perforation be about to take place. The *nimia diligentia* of our diagnostic ardor should be curbed in such cases.

A very early sign which should lead us to suspect appendicitis is the tension of the muscles on the right side of the abdomen. They seem to be on guard to protect the underlying

tender structures. There is a marked difference in this respect as compared with the muscles of the opposite side.

In the case of the French statesman, Gambetta, who died from suppurative appendicitis, the learned surgeons met in consultation daily, but refused to operate because they could not detect fluctuation. The autopsy showed the appendix floating in a sea of pus.

**PRIMARY WOUND TREATMENT, WITH ESPECIAL REFERENCE TO
MINOR RAILWAY INJURIES.* BY E. J. BEALL, M. D., of
Fort Worth, Texas.**

Having been an early convert to the doctrines of Lister, and having applied the principles of the new surgery strenuously and methodically, since my conversion, to the present time, I believe my results have been such as to warrant me in emphasizing the utility of antisepsis in railway as well as in general surgical practice.

The results in operative surgery in all countries have been such as to well establish the theory and practical value of the system adverted to. The results have so accumulated—are so patent—that at the present time only the minority will gainsay the superiority of the modern practice.

Those of us, satisfied from personal observation of results, of the great advancement that has revolutionized the practices of the years of the past, may sometimes exercise too little charity for those who differ from us, and are perhaps too ready to say, that one needs to adopt the theory and practice of aseptic and antiseptic surgery ere we would covet results and bear the maledictions of the more intelligent number of wound sufferers.

Furthermore, there are those who point to accumulated evidence—the piling of Pelion upon Ossa—and ask, “shall accumulated evidence pass for naught?” Will such skill say, that results are comparable under the old system with the new? If yea, then such thinkers must bear the odium of superficiality of reading, or the stigma of remissness in practice.

Let those who differ with the advocates of antisepsis, compare the percentages of recoveries under the old and new

* Read before the Convention of Railway Surgeons, at St. Louis, 1889.

surgery. Let them bear in mind the fearful death-rate of the pre-antiseptic days in regard to certain operations, which, now, the surgeon will undertake with a confidence of success that commends operative measures to the most conscientious surgeon and timid patient.

One will say, "I have had fair and comparative success in my surgery; yet my practice has been unchanged since the days of my earlier work, like the religion of my father, what was good enough for him to live and die by is good enough for me." Such, some think, are not imbued with the spirit of progress, and will remain "Uncle Toby's" all the days of their professional lives. From such the grand march of human progress will receive no impress—their footprints will not be found on the sands of time. Destiny has marked them as laggards, their profession and not themselves, is to be pitied, that such creatures ever lived.

If in general surgery, it be admitted, that better results have been obtained by the new practice, that accidental and intentional traumatisms in treatment value, has been advanced, it will not be controverted, that a greater need exists for the adoption of the new treatment, where the surgeon encounters the traumatisms and operations that occur in his work as a railway surgeon.

The railway employe, with smoke-begrimed, greasy, dirty and chapped hands, often hours, yea days debarred the use of soap and hot water (symbols of cleanliness and anti-septic means), with clothing long used, exposed to the poisoned atmosphere of the old work shop, or worse, that of the section-house, caboose or smoking-car, certainly has greater need of the new system in its strictest sense, than others exposed to accidents in the sporting field, or in any of the other ordinary pursuits of life. Railway injuries will, in the majority of cases, spread out the flesh, will open the stomata of lymphatics and veins, and render more effective the ingress of those agencies of his dangerous environment, very much more exaggerated, than pertains to the other and ordinary occupations.

Those of us who believe in the inculcations of modern wound treatment, and are thoroughly convinced of the great advantage of an early first treatment in connection with railway injuries, desire to preserve asepsis, to prevent sepsis, and

to counteract sepsis should it exist, by thorough antiseptic modes.

These last propositions are the burden of this imperfect and hastily written paper—an early primary dressing, and how shall the best be secured to the wounded connected with our railway work.

There are many and cogent reasons to commend an early antiseptic treatment of railway injuries. We owe it to the subject, as a reward for the dangers he subjects himself to, when he assumes railway work. We owe him the quickest repair we can offer for his injuries. If antiseptic surgery, early antiseptic measures, will curtail his suffering, will cause his life to be less endangered by injury, to him is such treatment due. By benefiting in this way, the injured employee, we likewise benefit the company as well as the public at large. By so doing, we curtail the measure of damages, that he himself—the jury—the world—would consider just recompense for the injury sustained, through lessened suffering, reduced time of treatment, etc. If we shorten the cure term, we sooner return to duty the skilled and experienced workman. If we save a limb that under ordinary treatment would have been lost, or a life by the sacrifice of a limb, we modify the measure of damages.

I have thought that, too soon, some shrewd disciple of Blackstone would predicate a cause of action upon the neglect of the adoption of the most approved methods of modern wound treatment, and that such ground of action would be sustained by the court. In such an event, the pertinency of the subject of damage measurement would be illustrated to the railway management.

Such precedent has already been laid in the German courts for damages against a surgeon.

If it is incumbent upon the railway company, (and modern humanitarianism has so decreed), to treat its injured, we lessen suffering when we shorten the terms of cure; and, in curtailing danger, we relatively modify the expense.

Modern wound treatment has an influence upon the public weal. If "public health is public wealth," the shortening of pain and cure, and the saving of life or limb to the railway injured, is likewise public wealth. For, if railways pay for more protracted treatment, pay for prolonged suffering, pay for a

life, where the price of a limb need only have been required under a different treatment, then this overpayment or difference must be made up by an equivalent increase in the tariff paid by the general public. Capital is inexorable, and exacts its calculated interest.

The railway surgeon can unquestionably influence the item of expense, in the shortening of cures and sufferings and in enhancing the chances for the saving of life or limb to the injured employe, through the adoption of the best method of treatment, and at the earliest possible moment after the injury is received.

The foregoing will indicate the great importance I attach to the principles and practice of modern surgery, and the necessity for the adaptation of the system to railway surgery. This I urge, because, as already stated, of the great abundance of pathogenic germs in the atmosphere to which, in the car, shop, or section-house, railway employees are exposed.

In this environment we must apply antiseptics, must prevent decomposition by the action of living germs or micro-organisms in wounds, effect quicker cures and avoid infection.

I can not more forcibly emphasize the necessity for proper primary wound treatment, than by quoting an extract from a paper by Dr. Newell, read before the Massachusetts Medical Society, in which he refers to the great importance of antiseptic measures when speaking of surgical operations. So great is the analogy between accidental and intentional wounds (if I may so speak of the art of surgery) and injuries accidentally received that the extract seems strikingly appropriate. "*The knowledge of proper wound treatment under the operation of a principle (antisepsis), which until within the past twenty years, had never before entered the history of surgery, has been already so developed, that a fatal result in no case of premeditated operation should ever occur.*" If this great step in surgery be true, and for one, I do not doubt it, a grave responsibility rests upon the surgeon who neglects any means that may prevent a positive aseptic course in wound healing.

As this paper was only intended to direct attention to a neglected feature in railway wound treatment and the remedy—I mean the primary treatment of injuries, I ask pardon for the digression already made.

I am aware that "Emergency Cases," intended for surgeons, use, have been devised by many surgeons, and have for years been upon the market, through the agencies of a number of manufacturers of surgical appliances and dressings. These cases are timely, have served an important place in the hands of those for whom they were intended.

A case that I would suggest for preliminary dressings is very much cheaper and much more simple, and is intended, not for the surgeon but for the use of the non-professional, agent, conductor or foreman, who may chance to be in authority when the employe receives his injury, and before the services of the railway surgeon can be obtained.

This "*Primary Dressing Case*" (of tin), not exceeding in size 6x6x12 inches, can be cheaply manufactured, and have printed instructions (pasted on inside of lid), so worded as to be readily understood by any one of ordinary intelligence. These cases (filled with emergency dressings), could be distributed or deposited with Station Agents, Section or Shop Foremen, Conductors or others in authority, and be replenished from time to time as required.

Each case when filled should contain :

3 yards of (Pink) Sublimate gauze.

$\frac{1}{2}$ doz. (7 grs.) Acidulated Tablets (colored *blue*) Bi-Chloride of Mercury.

1 Drachm of Iodoform.

1 Yard of Oiled Paper.

3 Ozs. Bor., Salicyld., or Carbolized Cotton.

$\frac{1}{2}$ Doz. (3 yds.) 2 $\frac{1}{2}$ inch Crinoline Bandages.

$\frac{1}{2}$ " " " Muslin "

$\frac{1}{2}$ " Safety Pins.

The instructions on inside of case lid or cover should read something like the following : " As soon as possible after the infliction of the injury, wash the wounds thoroughly in about a pint of water (hot preferred) in which one of the blue tablets has been dissolved, and after washing, dust over the wounded parts about $\frac{1}{4}$ of the yellow powder, and then apply over all so much of the pink gauze as may be necessary to completely cover from sight and atmosphere, and over this covering a layer or wrapping of cotton. Then after thoroughly saturating in water one of the stiff (crinoline) bandages, squeeze the same and with it bind on by repeated layers the dressings thus

far applied. Cover the whole with a single piece from the oiled paper, to exclude the air and bind in place with one of the muslin bandages, fasten with a safety pin, and do not afterward disturb the dressing till the surgeon is reached."

Our experience in the treatment of railway injuries, has demonstrated the fact that a very large percentage of the wounds received are minor ones; and that the adoption of a primary antiseptic dressing would undoubtedly prove an economy of time, suffering and money, features desirable to all parties concerned.

Since writing the above, I recall to mind, in support of the suggestions made, the fact that the surgeons of the German armies, by reason of their great faith in modern wound treatment and its early application, have caused to be issued to each soldier on the march and liable to be called into action, certain wound dressings and the needed instructions for the immediate application of same if required. If their experience sustains such a course, ours doubtless will, and it behooves us to render the early treatment suggested.

Note.—The use of *colored tablets*, gauze, etc., is suggested merely to enable the instructions to be the more readily understood and carried into effect by those for whom they are intended, but who are supposed to know nothing concerning the proper methods of applying surgical dressings. So also may the contents of the case be varied to meet the views of surgeons whose practice has shown satisfactory results from the use of other antiseptic dressings than those specially mentioned in this paper.

Correspondence.

RADICAL CURE OF FISTULA-IN-ANO AND HÆMORRHOIDS BY ELECTRICITY.

EDITORS ST. LOUIS MEDICAL AND SURGICAL JOURNAL:—

I would call the attention of the profession to a rapid method of curing *fistula-in-ano* and hæmorrhoids, coupled with safety and their radical extermination. Having devoted years to this branch of the healing art, many times with tedious and unsatisfactory results, employing the much talked of

Brinkerhoff and other methods, I challenge the world to compare results with the methods I now describe.

In the treatment of *fistula-in-ano*, be there one or a dozen openings, I employ an electrolytic battery of about twelve ampère power, with sufficient of the cautery element to subdue any haemorrhage that may perchance occur. My portable battery, which I take to the patient's house is about six inches by ten long and ten inches high with two cells and built chiefly for quantity, charging it with trioxide of chromium and sulphuric acid.

The method of procedure is as follows: The battery is first charged and the patient's bowels thoroughly emptied by means of an aperient injection. I then place the patient on his side and with my rectoscope or other suitable speculum the inner opening is located, or if it be an external, incomplete fistula, the side opening of the rectoscope is so turned that the possible opening is in view, the patient being, of course, under the influence of an anæsthetic. I then straighten out the fistulous track next nearest the anus, with a stiff steel probe of sufficient length having an eye near its introductory end, and if the sinus does not quite open into the bowel perforate the intervening tissue till the eye of the probe is distinctly seen in the rectoscope, and leaving it there I next introduce a lance-pointed probe having also an eye near its end about three-eighths of an inch further from the anus into the solid structure and parallel with the fistulous track till its eye is also seen penetrating the bowel in the opening of the rectoscope. The eyes of both probes are then threaded with the opposite ends of a No. 24 platinum wire about ten inches in length and both probes are then withdrawn leaving the wire *in situ* forming a loop; both ends are now secured to an electrode the electric current turned on and the loop drawn through the partition, in its passage destroying the membrane which lines the fistulous track. No dressing is necessary as it is well known that no wound heals more kindly than those made by a battery, the bowels however must be kept locked up for at least a week, longer is better, when the patient gets up a well man, complete union taking place by first intention. The above method I have employed in many instances with complete success. In haemorrhoids and prolapsus ani, I employ a similar treatment, no matter how large the protrusion

or how long the patient has suffered, first bringing the tumors all outside the anus, and in one treatment of a few moments the work is done and is always successful, followed by no haemorrhage or unpleasant symptoms or pain. And should your many readers desire further information I shall be only too glad to give the same.

W. S. SHOTWELL, M. D.

Grand Rapids, Mich.

GENERAL DROPSY.

EDITORS ST. LOUIS MEDICAL AND SURGICAL JOURNAL:

I wish to call the attention of the profession to this disease and give some cases with results of treatment. Yesterday, I was called to see G. H., age sixty-five years, who had suffered for years from rheumatism and malarial toxæmia—found him sitting in a chair with his arms resting on two other chairs. He had not been in bed for two weeks being unable to lie down in bed on account of dropsical effusion in limbs and trunk.

He had the largest hydrocele I ever saw. With a small trocar I drew away six pints of fluid from the scrotum which gave him great relief. I prefer laying open the scrotum in such cases where the effusion is confined to the scrotum, and there is a good constitution to heal the wound, but in cases of general dropsy, where the constitution of the patient has been completely undermined by malarial toxæmia, it is not safe to do this. Acupuncture of legs and arms with paracentesis affords some relief.

In 1876 I drew away from the abdomen and scrotum of Josiah Harris, of Clay Co., Mo., four gallons of fluid, three and one-half from the abdomen and one-half from scrotum. He was fifty-five years old. Constitutional treatment does but little good in these advanced cases, you can but palliate, relieve distension, and to some extent restore the recuperative process of the system. Broken down tissue, waste material, the perverted course of the liquor sanguinis, (all due to the effects of the malarial cachexia, and rheumatism is but one expression of it) are in such excess, that the patient goes down in spite of you. But you must do something. Tinct. of digitalis and squills given every six hours with good brandy will

carry off a great deal by the kidneys. Elix. quinia, strychnia and iron will help support your patient, while much food, such as eggs, milk, beef and pepsin will help to check the disease for a while.

The preventive treatment affords the only safe course. Commence in time with it, correct the system when it first makes its appearance. Exposure to changes of climate, undue and excessive work, a lack of hygienic cleanliness and neglect of the secretions are exciting causes. I know of no disease attended by as much continued distress as we find in many cases of dropsy.

Nothing will relieve this extreme distress quicker than a brisk mercurial purge such as:

B.	Hydrarg. chlor. mit.....	2ij.
	Rhubarb.....	3ii.
	Jalap.....	grs. x.
	Potass. bitartr.....	2ij.

M.

After its action, give brandy and draw off the water by trocar or incision (we don't take much stock in this procedure—viz., incision); bits of cholesterine, broken down tissue, may dam up the flow, and retard relief. If it does in the tube you can push it aside with a sound or catheter. This is why we prefer opening wide the scrotum and turning out the contents of the hydrocele; of course, confining the operation to these cases as suggested in the beginning of this article.

Your patients will feel grateful to you for every effort you make for their relief. Where the accumulation of the fluid fills the scrotal sac and rises up above the symphysis pubis and fills the lower part of peritoneal sac, extraneous to the lower sac, we suggest an opening into the scrotum and introducing a long gum catheter upwards and backwards, after you have drawn off the fluid below, if that in the upper part of sac refuses to drain away through the tube, let the catheter pass along the course of the chord and its appendages. Warm your catheter and have it well oiled, select a sound one and one as large as you can safely introduce.

In the majority of cases there is but little pain. Don't use force but let it find its way, be as gentle with its introduction as you would with an irritable urethra. Don't scold your patients, they have enough to bear without unkind expressions.

Enter fully into sympathy with them while you must be firm and positive. You can give them your reasons for the operation and they will consent. In an experience of twenty-five years we have yet to meet with a case that refuses to be tapped.

We knew a lady who had been tapped eighty-six times, and she lived to be seventy-five years old (Mrs. Fry of Clinton Co., Mo.).

As we grow older in years and experience we need to cultivate patience more, and to always remember that our patients and friends appreciate patience and must be enlightened in a gentlemanly way. Even our enemies can not afford to be angry at our patience.

C. W. WATTS.

Auxvasse, Mo.

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A DANGEROUS EXPERIMENT.

It seems but a few days since the announcement made by M. Brown-Sequard that he had undergone his celebrated experience. Since that time the secular press daily teems with more or less highly colored accounts of experiments made with the "Elixir of Life." Every town and hamlet has had its ambitious experimentor, looking for victims and trying the latest fad upon the unsuspecting decrepit. As is customary in all medical novelties, the results attained were marvellous. Excitement ran high; the public clamored for the "elixir"; immortality had been discovered at last, in the testicles of a

sheep or of a calf. No more would the dread of senility, with all its concomitants, assail the human family.

Time, whose tooth gnaws all things, has already worked a change in the nine-days wonder in a manner so rapid that it can scarcely be realized. The paralytics, the decrepit, who had been so suddenly rejuvenated, have returned to their former condition. Some are in a pitiable state, a much worse one, than if they had not been subjected to the tampering which has resulted so disastrously.

As might be reasonably expected, the experiment proved a hazardous one in the hands of the many who had no conception of the dangers which lurk in organic tissues deprived of life. They forgot that the cadaveric alkaloids develop; they did not remember that their "elixir" formed an excessively fertile breeding ground for micro-organisms of greater or less virulence—or perhaps they never knew it—and the result has been quick death to many of those whose life they sought to prolong.

We do not wish to draw a moral—it is obvious. It is yet too early to pass judgment upon the stimulating properties of Brown-Sequard's method. But, when cases of gangrene, of septicæmia, and of similarly deleterious consequences occur, it is time to call a halt. It becomes imperative to stop those whose ignorance leads them to entail such ills upon their fellow-beings, and to confine operations of such a nature, as the injection of organic liquids, to those who are fitted by education and knowledge to see them carried out without detriment to the subject. And it is the observations of such men only, that will prove of any scientific worth to the physician, and of benefit to the patient. All the reports which have been made so far, *ad nauseam*, are absolutely worthless, and the experiment has become a dangerous one.

A number of physicians throughout the country, have become parties to damage suits through the unfortunate results which they have obtained, and it is to be hoped that this will serve as a lesson to others not to rush into similar pitfalls, even though they may be forced, on this account, to forego the pleasure incident to a mention in glowing newspaper accounts.

As an illustration of the manner in which thieves get credit and journals that are "reasonably honest" stultify themselves

we may note two or three instances that have come to our notice recently. Some three or may be four years ago Dr. James, one of the editors, wrote a little squib in rhyme entitled "Before and after Treatment" ("Name, oh doctor, name your fee!") and published it over his initials in the JOURNAL. It went the rounds of the press for a time, and as all such things do, disappeared until recently, the *St. Joseph Medical Herald* thought that it was old enough to resurrect and publish as original, without being caught. It did so and one esteemed local cotemporary the *Weekly Medical Review* republishes it and accredits it to the thief. A similar case occurs in *The Journal of the American Medical Association* which in its last issue, with the side heading "Ice in the Sick Room" accredits to a thief an editorial paragraph original with this journal and published some time ago. It is possible of course that both the journals which we refer to as thieves and a dozen more that we could mention are so only at second hand, but had they accredited the journals from which they stole, the latter and not they would lie under the odium of the charge. The fruit of a man's brains should be as much his own as his land or his money, and we never could understand the spirit which incites men to masquerade as the authors of matter which came from the brains of others.

Microscopy.

The American Society of Microscopists—Buffalo Meeting.—Owing to causes which need not be detailed here, ever since the Cleveland meeting in 1886 there had been a gradual falling off in the attendance and interest in the annual meetings of the American Society of Microscopists. It commenced with the unfortunate choice of Chautauqua for the next place of meeting. A more unfit place, take it all in all, could scarcely have been selected for an assemblage of scientific men used to the comforts and amenities of life. The disaffection of some of the older members commenced at Rochester and continued at Cleveland and Chautauqua, made the Pittsburg meeting, otherwise a success, a partial failure.

Columbus, aside from the very pleasant social features of the entertainments, was a dismal failure, marked by an absence of many who had in former years been the life and soul of the meetings. These, and other causes, the death of several prominent workers, and, as remarked, the continued disaffection, grown, in one or two cases, into open hostility, made the true friends of the society look forward to the Buffalo meeting with hope, mingled with apprehension. They knew that it would practically settle the fate of the society for several years at least, and might lead to its disintegration.

Now that the meeting is over and was a grand success, rivaling in every point that goes to make up a successful meeting any ever held by the society, we do not mind saying these things, and feeling, in common with every true lover of American microscopical science, correspondingly jubilant. In point of attendance, in the number and value of the papers presented, in the interest shown in the discussion of these papers, in the extent and value of the exhibits of apparatus, in the number of new members added, in the social features and entertainments, in the harmony and good fellowship which prevailed throughout, the meeting just brought to a close was all that the most sanguine friend of the society could hope for, and for the second time in its history the American Society of Microscopists leaves Buffalo rejuvenated and with a renewed career of usefulness before it. Not in many years has the business side of the association's affairs been in such excellent condition. Taking the reins at a time when its finances were at the lowest ebb and its records in a wretched condition, President Lewis has demonstrated that his was (as we predicted it would be) eminently a "business" administration. To-day the society owes no man a cent upon accounts made prior to this meeting. Every dollar has been paid, and a satisfactory balance left in the treasury, and this despite the fact that the issues of the Proceedings of the two previous years were larger and more costly (owing to the number and high class of the engravings) than ever before. All this has been accomplished under most adverse circumstances and (contrary to the continued statements of some of the openly hostile older members) without calling for an assessment or contribution from any person whatever. Many members who had been in arrears for years were induced by gentle but firm re-

minders to liquidate their indebtedness, and place themselves once more squarely with the society. The books are written up and balanced to date, and money has been coming into the treasury in a steady stream ever since they were opened for the late meeting.

Such is the gratifying statement that we are enabled to make concerning the condition of the society—a statement that we deem due to the many readers of the JOURNAL who are members of the society and interested in its welfare. The future will take care of itself.

THE ATTENDANCE,

as remarked previously, was large. It was especially so in old working members who, from various reasons, have remained away for several years. Several who could not come sent friendly greetings by letter or telegraph, showing that their hearts were there. There were some, alas, whose faces were missed, and who will never again be seen among us. One of these was Henry Mills, himself a life-long resident of Buffalo, and whose death we announced a few months ago. Perhaps no man in the association was more sadly missed, for in spite of his weight of years, (76 when he died) there was not one more youthful in spirit than he. Allen Y. Moore, of Cleveland, was another who had gone over to the great majority. The death of Charles Fasoldt, Sr., of Albany, is too recent to need to be recalled. Perhaps the saddest loss to the society was that of a young man, just commencing a career of scientific usefulness—Boardman L. Oviatt, who was killed in a recent railway accident somewhere in Michigan. All of these were duly remembered by the Society by appropriate resolutions.

THE MEETINGS.

When it was determined to hold the annual meeting at Buffalo the local society of that place, assisted by the Buffalo Society of the Natural Sciences, appointed a joint committee of arrangements of which Dr. Lee H. Smith was chairman and Dr. Lewis Bull secretary, and these supported by the hands and purses of the members of both societies made the most complete and excellent arrangements for our entertainment both

during work and play hours. The place of meeting was the rooms of the Society of Natural Sciences in the grand Buffalo Library Building—an edifice of sandstone and granite which gives shelter to the Buffalo Academy of Fine Arts, the Buffalo Library Association with its library of 60,000 volumes; the Buffalo Historical Society, also the possessor of a large library of books, pamphlets and manuscripts relating to local and American history, a large ethnological collection and museum of aboriginal archaeology; and to some other learned and scientific clubs and societies. Our host, the Society of Natural Sciences, is an institution of which many a larger and richer city might justly be proud. It occupies the entire ground or basement floor of the building, and its large and exceedingly valuable collection of slabs, casts, mounted skeletons and papier-maché copies of fossil fauna is one of the first things that attracts attention on entering the apartments. The amphitheatre or lecture hall, capable of seating perhaps 500 persons, and a handsome well-lighted room is in the centre of the suite. From it lead hall-ways or ante-rooms conducting one to the library of the society (independent of the public library above referred to) and the natural history museum. This latter has one of the most complete collection of the birds and reptiles of America to be found anywhere in this country. The society met in the amphitheatre and, after the first session, about half filled it.

THE PROCEEDINGS, ETC.

Owing to the lack of space we must defer anything like even a résumé of the papers until our next issue. Among them were several of deep interest to medicine, and others of great value to the working microscopist. Scarcely a paper was presented which did not elicit lively and valuable discussion. The working session was also full of points of interest and value, the tables being surrounded during the entire afternoon by crowds of earnest workers. The soirée was an immense success, bringing into the Library building a throng estimated at upwards of 2500 people during the course of the evening.

The election for officers resulted as follows:

President, Geo. E. Fell, Buffalo.

Vice-presidents, Dr. W. N. Seaman of Washington, and Mr. F. W. Kühne of Fort Wayne, Ind.

Treasurer (to fill the unexpired term of Dr. Mosgrave, resigned), C. C. Mellor of Pittsburgh, Pa.

Executive Committee, Dr. F. L. James, St. Louis, Mo., W. P. Manton, Detroit, Mich., and W. H. Walmsley, Philadelphia, Pa.

The time and place of next meeting was not definitely determined.

F. L. J.

Dermatology and Genito-Urinary Diseases.

Keloidal Acne.—M. Vidal presented to the clinical reunion of l'Hôpital St. Louis (*Annales de Dermatologie et de Syphiligraphie*) a patient affected with keloidal acne of the sub-hyoid region. A smooth keloid band nearly two and one-half by one and one-half inches existed. Tufts of closely aggregated hairs were present. In the beard, follicular lesions and indurated acne having a tendency to take on the keloidal process, were observed. Two months after treatment it was disappearing. M. Vidal curetted the growth thoroughly and applied Emplastrum de Vigo. The scar which formed, as might be expected, took on a tendency to become keloidal; but deep, crossed scarifications repeated weekly and followed by dressings of Vigo's plaster brought about the formation of a thin flexible scar.

Dermatitis from Oil.—In a paper dealing with some unusual eruptions (*N. Y. Medical Record*) Dr. Chas. W. Allen says that he has had a number of cases of follicular dermatitis of the hands, arms and thighs, in machinists and those whose work brings them into contact with paraffin, fish and other oils. The lesions are papular, pustular, and furuncular, and occur upon exposed parts and upon the knees and thighs of those who work in machine-shops, wire and silk factories, etc. In some cases, the inner surface of the forearms and the region about the knees become rough, harsh, and dry. A rapid recovery follows a removal of the cause. When the occupation can not be changed, repeated washings with *sapo viridis*, followed by bland ointments and protective dressings, act beneficially. The oil-soaked clothing must be discarded, and subsequent care and cleanliness observed.

Eczema Orbicularis.—Dr. Bulkley recently presented a case to the New York Dermatological Society (*Journal of Cutaneous and Genito-Urinary Diseases*) of a Russian aged twenty-four. The eruption had been present for nine months existing as circumscribed spots, slightly thickened and scaly, on the back, shoulders and chest, the neck being also the seat of some. On the extensor surfaces of the arms and legs, similar lesions existed. There was no weeping, but the lesions were covered with crusts and scales and very itchy. The patient was ordered thirty drops of fluid extract of ergot, three times daily, the dose being increased every day by five drops until a drachm was taken thrice daily. Twenty-two days later he was taking seventy-five drops three times a day. No bad symptoms had shown themselves, but the lesions had disappeared, leaving dark brown pigmentation.

New Treatment of Gonorrhœa.—Dr. Huguet speaks of a treatment in the *Annales des Maladies des Organes Genito-Urinaires* which is original if not efficacious. To abort a clap he says, take a bristle cylindrical brush (such as is used for cleaning smoking-pipes) of a calibre No. 11 F. This is passed into the urethra, a cocaine injection having been administered. The introduction is performed slowly, the brush being rotated, until the penile portion has been brushed. This instrument is then withdrawn and a luke-warm injection of bichloride solution 1-10,000 is made. Three such injections are made daily. In cases of five or six days standing the cure was complete in a week. The object of the brush is to destroy, by mechanical means, the urethral epithelium and thus afford better contact between the mucous membrane and the antiseptic which is employed, the pathogenic micro-organisms being thus reached in a better manner.

Tuberculosis of the Skin due to Tattooing.—M. Tournier presented to the Société des Sciences Médicales de Lyon (*Lyon Médical*) a case of verrucous tuberculosis of the skin, due to tattooing, which is probably unique. The patient, aged twenty-three, was tattooed in July, 1887. The "artist" diluted the India ink with the saliva of the patient. In a fortnight the tattooed site showed small vesicles which were followed by ulceration. All treatment proved of no avail. When

seen by M. Tournier in January, 1889, a verrucous scrofulide, such as described by Riehl, existed. Examination of the lungs demonstrated the existence of phthisis pulmonalis. Microscopic examination of the sputa revealed numerous bacilli of tuberculosis. The local symptom promptly disappeared under a treatment consisting of local applications of lactic acid (ten per cent). The patient being syphilitic, anti-syphilitic measures had been previously tried, unsuccessfully.

Syphilitic Arteritis of the Fingers.—Dr. H. Klotz describes in the *American Journal of the Medical Sciences* a case of syphilis in a man of twenty-five who complained, among other things, of an affection of the fingers of both hands. He had the chancre three years previously. The finger trouble began a month before he was seen and was progressive. On examination Dr. Klotz found the fourth and fifth fingers of the right hand of a decidedly bluish, somewhat mottled appearance, and distinctly colder than the other three fingers, which presented a normal appearance. The fingers were not tender to the touch or to pressure. A similar condition was observed on the third, fourth and fifth fingers of the left hand, the fourth being somewhat less affected than the two others. In little more than a month and a half of treatment the hands improved and some time after were well. The cause which is adduced is a probable arteritis beginning in the small peripheral vessels and extending centrally, a narrowing of the vessel without complete occlusion being present.

O. D.

Diseases of the Eye and Ear.

Peculiar and Alarming Effects of Quinine.—A young lady of 18, quite robust and healthy otherwise, consulted me about her eyes, at the request of Dr. S. H. Frazer. I found a history of hypermetropia, and a neuralgic condition of the fifth pair. The pain was irregular, but at times quite severe, the patient complaining of tenderness or soreness in the skin of the scalp and about the eyes. Turning the eyes in any

direction was more or less painful because the eyes and the surrounding flesh seemed to be sore or tender. She disliked the idea of wearing glasses ; so I told her that I would prescribe for the neuralgia and wait and see if she would have to use the glasses. For that I wished to give her quinine, but she told me that when 10 years old she took a dose of quinine and "it threw her into spasms and nearly killed her." I could not believe it had acted as she stated and suggested that she probably had outgrown such unpleasant effects of quinine and that it was the best thing she could have for the neuralgic condition and I thought she could take it now easy enough. She promptly consented, and intimated that she would try it, "if it killed her." I ordered four doses, 5 grs. each, one to be taken just before going to bed, and then try to get asleep before it had time to be absorbed. She promptly went to sleep ; but, in about an hour, she awoke with a most intense itching of the entire skin ; even the skin of the external meati itched, and the mucous membrane of the mouth, throat and œsophagus itched. The intense desire to scratch made her almost wild. Soon a papular eruption broke out on the skin, causing it to feel rough when the hand was passed over it. Very soon a most violent nervous chill set in and lasted 20 to 30 minutes. During its progress the shaking was so violent she could scarcely speak, on account of the quivering of the lower jaw. Even the bed joined in the shaking. So soon as the chill subsided a most violent headache set in, and a high fever followed, the temperature going up to 104°. The high fever continued for many hours. In the emergency, Dr. Love was called in and administered sedatives, very properly. Later Dr. Frazer was called. Marked depression followed the chill, the patient being confined to the bed. On the second day she could barely be up. Her mind remained clear all the time. I was blissfully ignorant of all the trouble till to-day (three days after taking the quinine) she called to tell me what kind of a round she had gone through with, and gave me the above facts, but added that her neuralgia is much better! I have never before had such an experience from a dose of quinine, and it is certainly unique. I am sure of one thing; I will not give her any more quinine. I have no explanation of its apparently violently poisonous effect in this case. To call it an idiosyncracy is no explanation.

Excision of Drumhead and Ossicles for Chronic Suppuration of Attic.—Some of the best authorities declare that all suppurative disease of the attic is absolutely incurable, whether acute or chronic. This declaration, as I think, is entirely too sweeping. I have known cases in my experience to get permanently well. The great difficulty in treating attic suppuration is to get adequate drainage. In fact, the nature of the cavity and its surroundings make complete and lasting drainage impossible. Without that it is next to impossible to really cure the suppuration. It may cease for a time, but the rule is, that sooner or later, it returns. Such has been the experience of nearly all of the recent writers on the subject. Suppuration in the attic is too near the brain to be free from danger even to life, besides the great annoyance and *stinking* discomfort. It should not be allowed to go on. What shall be done? Many writers have lately advised, and have actually removed, in such cases, the entire *membrana tympani*, together with the *malleus* and *incus* and them *embrana flaccida*, which amounts to a complete gutting of the drum cavity and attic.

Dr. Sexton, of New York, has lately recommended (Trans. Am. Otol. Society for 1888) as the only radical and permanent cure for chronic attic suppuration, complete excision of membrane and ossicles. He states, in substance, that the bony walls of the attic cavity, and even the ossicles, are often carious. That condition, in that locality, must necessarily involve considerable danger to life, and can only be cured by a radical operation, such as he proposed. He states further, that the operation is free from risk; that the necessary severance of the *Chorda Tympani* nerve has no permanent bad effect, and that in many cases, strange as it may seem, the hearing is actually improved after the operation! The improvement of the hearing is attributed to the more easy access to and the greater effect upon the oval and round foramina, of sounds from without. The interesting discussion that followed the reading of this paper showed that most of the members of the society fully agreed with the essayist in the recommendation of radical surgical treatment for chronic attic suppuration, though apparently a very destructive operation.

Treatment of Hypopion Keratitis.—There is a variety of keratitis which causes pus to collect in the anterior chamber

(hypopion) and on account of this peculiarity is designated 'hypopion keratitis. But the keratitis has usually advanced to the stage of ulceration before pus begins to appear in the anterior chamber. Consequently, it would be more correct to call the condition hypopion ulceration, but the former is the designation of the books.

Where the pus comes from is a question not yet definitely settled. The generally accepted theory is that on account of some unknown condition the pus percolates from the bottom of the ulcer through the remaining cornea into the anterior chamber. Why this percolation takes place comparatively rarely and not in all cases of ulceration is beyond the present knowledge on the subject. But more or less iritis is present in all cases of hypopion keratitis and it is not certain but that some of the pus is secreted from the inflamed iris.

Whatever may be the source of the pus in the anterior chamber the best treatment for that peculiar condition is what concerns us mostly here. I may say, however, that hypopion-keratitis is extremely dangerous and if it can not be promptly controlled, destruction of the eye is likely to follow.

1° Atropine solution is always in order. This should be used several times a day. If there is considerable pain, cocaine may be added to the atropine solution.

2° Antiseptics should be used locally. I prefer to use these in the form of dry powders. I dust either boracic acid or iodoform directly upon the ulcer two or three times a day. The latter is most effectual. I sometimes touch a small particle of nearly pure carbolic acid to the ulcer. In some cases this will act like a charm, but it can not be relied upon always.

3° If the above treatment does not promptly improve the condition by starting the ulcer to heal, a puncture should be made through the bottom of the ulcer into the anterior chamber so as to let the aqueous humor escape and if possible, get the pus in the chamber to escape at the same time. This can not always be accomplished, particularly if the pus is semi-fluid or partly coagulated as is often the case. In such cases I sometimes remove the stringy pus with small forceps. This must be cautiously done. Better not be attempted if not easily accomplished. The main point is to evacuate the aqueous humor. That will promptly relieve the suffering and will often start the ulcer to healing. If the puncture closes at

once, it should be re-opened by a blunt probe, or a new puncture be made daily or even oftener, till the healing process has fully set in. On puncturing the cornea in such cases I have had the pus in the anterior chamber shoot clear into my face. This can occur only when the patient presses upon the ball violently with the lids.

4° Instead of puncturing the cornea the ulcer may be cauterized with actual cautery or galvano-cautery. The latter is to be preferred by all odds for the reason that its heat is maintained uniformly while the hot iron of necessity cools off greatly before it can be made to touch the ulcer. This is a very serious objection to its use. In many of the cases the galvano-cautery acts charmingly. Some years ago everybody used it and recommended it highly. Lately, it is rarely mentioned in ophthalmic literature. Such is, as I think, the best treatment for hypopion-keratitis. Some of the cases get well easily and rapidly while others persist most aggravatingly. Quite a number are lost in spite of all treatment.

A. D. WILLIAMS, M. D.

Excerpts from Russian, Polish and Bulgarian Journals.

On Myiosis Narium (Sarcophila Wohlfahrti Portchinskii) in Russia.—In the St. Petersburg weekly *Meditzina*, No. 12, 1889, p. 1, Dr. I. Pokrasoff, of Elisavetgrad (South Russia), records another instance of myiosis narium. A girl, 15 years of age, applied to the author on account of severe pain about her nose, headache, sleeplessness and general malaise, all of which symptoms were attributed by the patient to her having slept on bare earth for many (July) days during the season of field work. Her nose was intensely red and swollen. On a rhinological examination the author discovered two white points situated in the upper part of the nasal cavity, close to the septum. The points proved to be the heads of two larvae of the *Sarcophila Wohlfahrti Portch.* Their removal, by means of a pincette, was followed by considerable bleeding. A fine probe introduced into the small holes could be pushed a pretty long way backwards, but did

not elicit the presence of any other maggots. Two days later, however, the patient returned with her former complaint, and again two larvæ were found in exactly the same situation. After their extraction all the symptoms disappeared permanently. According to Dr. Pokrasoff, in Russia, cases of myiosis narium, caused by Wohlfahrt's fly, occur in the Khardov, Kherson, Minsk, Mohilev, Orel, Samara, and Voronej governments. To judge from Dr. I. A. Portchinsky's statements (in his capital monograph on the "*Natural History of the flies and their Larvæ, Causing Diseases in Man and Animals,*" 1875) the Wohlfahrtian myiosis seems to be especially prevailing in the Mohilev government where "scarcely a village could be found the inhabitants of which were not acquainted with the disease only too well; in fact, I have met with many peasant families in which most of their members have been infected by the larvæ at this or that period of their life." (p. 114.) He adduces a typical illustration concerning three brothers, aged 9, 7 and 5, in one of whom the maggots infested the auditory meatus, causing excruciating pain. In another they had eaten out an extensive portion of the upper lip and gum, laying bare the upper jaw and giving rise to profuse oral bleeding, agonizing toothache, and frequent deep swoons. In the youngest boy the larvæ inhabited the frontal sinuses and the nasal cartilaginous septum, the patient suffering from incessant purulent discharge united with blood, as well as from convulsive fits with loss of consciousness, sleeplessness, and profound anæmia. Similar cases are said to be exceedingly common amongst peasant children under 13 years of age. When taking their abode in the ear the maggots gradually destroy the soft structures of the meatus and frequently perforate the tympanic membrane, causing intolerable aural pain as well as more or less complete deafness which sometimes proves permanent. When getting into the conjunctival sac, they, as a rule, in course of time lead to a complete loss of sight, resulting from destruction of the orbital contents. The sarcophila represents "an essentially field-and-meadow fly which never penetrates into human dwellings" and which, on the other hand, "does not like to approach waking people." Hence, the infection is contracted, most probably, solely by such persons as sleep under the open sky during warm seasons. The fact that the myiosis occurs most frequently in

peasant children, and only extremely rarely in adult men, may be explained, (as Dr. Portchinsky supposes) partly by the circumstance that the latter usually either smoke or snuff tobacco which is obnoxious both to the fly and its larvæ, partly by the children's habit of sleeping in the field in the course of day-time, somewhere between 10 a. m. and 4 p. m., that is, when the fly is most active.

[In another interesting monograph ("On Wohlfahrt's Fly" in the *Horæ Societatis Entomologiz Rossiz*, Vol. XVII, 1884) Dr. Portchinsky describes the treatment of myiosis as practiced by the Mohilev peasantry. In order to expel the larvæ, they administer internally a decoction made of an herb belonging to the natural family *Juncaceæ* and representing a sub-variety of the *Luzula*. In addition, in cases of myiosis *vulnorum*, the limb affected is tied tightly with cords both above and below the infected wound, which procedure is thought to promote a spontaneous exit of the maggots. In cases of dental or gingival myiosis, the patient is made to bend his head, with open mouth, over a very hot brick. Sometimes crude turpentine is applied to destroy the larvæ.

In the *Vratch*, Nos. 5 and 6, 1888, p. 81, Professor Eduard K. Brandt, of St. Petersburg, describes an instance of gingival myiosis. The patient, an adult field laborer, commenced to suffer from agonizing toothache followed by a circumscribed suppuration on the upper gum, corresponding to a canine tooth and an adjoining incisor. On opening the abscess, two maggots escaped which proved to be the larvæ of Wohlfahrt's fly. Discussing the treatment of such cases, Professor Brandt recommends a mechanical extraction of live maggots by means of a forceps or a fine stick. When the pseudo-parasites are situated rather deeply, the wound should be powdered with camphor which either expels or destroys the larvæ. Of prophylactic means, he recommends avoiding sleeping out doors between 10 a. m. and 4 p. m. In war times all wounds should be duly protected from the invasion.

A case of myiosis *narium* was also described by Dr. A. Volynetz. It may be found in one of Professor Hugo Summa's most valuable papers on the "Pseudo-parasitism of Diptera in Man," in the SAINT LOUIS MEDICAL AND SURGICAL JOURNAL, June, 1889, p. 348. Another Russian contribution to the literature of myiosis caused by the *sarcophila* was published by

Professor Grube, of Kharkov, in the *Archiv. d. Naturgeschichte* von A. Wiegmann, 1853, p. 282. He quotes Dr. Schnee's two cases referring to the boys of 4 and 12, in whom the larvæ, from 12 to 15 in number, were found in the internal part of the orbits, embedded amidst the cellular tissue and about the inner rectus, the conjunctiva at the site being completely destroyed and the muscle laid bare, "as if dissected."—*Reporter.*]

Sozoiodolates of Potassium and Sodium in Chancre and Suppurating Buboes.—In the Polish weekly *Gazetta Lekarska*, No. 20, 1889, p. 406, Dr. Wladyslaw Kopytowski, house physician to Professor D. G. von Trautvetter's venereal and dermatological clinic, in Warsaw, publishes nine cases of soft and hard chancres, and three of suppurating buboes, in which he tried Trommsdorff's sozoiodolates of potassium and sodium. In cases of chancre, the parts affected were previously washed out with a 1 per cent. carbolic solution, wiped dry with cotton wool and then powdered with a thin layer of one of the sozoiodolates, after which they were covered with a piece of dry, purified cotton wool. As to buboes, in two cases the parts (after an incision and letting out the pus) were kept covered with gauze soaked in a 5 per cent. aqueous solution of the sodic salt, while in the third patient potassic sozoiodolate in substance, in a thin layer, was applied. For the sake of comparison, in a majority of the cases one or two ulcers (or a bubo) were treated parallelly by iodoform, in powder. The principal deductions drawn by the author from his experiments, may be given somewhat as follows: 1°. As a means for cleansing chancres, that is, for converting a specific ulcer into a simple one, the sozoiodolates are to be placed on a level with iodoform. The same may be said in regard to cases of buboes, provided the drugs are applied in substance. 2°. When applied to an already cleansed ulcer, the sozoiodolates accelerate the development of healthy granulations, and that most markedly. 3°. In a weak solution, however, the sodic salt gives unsatisfactory results in buboes. Under the influence of the compresses the granulations rapidly become pale and flabby. Possibly stronger solutions may prove more useful. 4°. The application of the drugs in either form almost invariably produces slight burning which, how-

ever, lasts not more than five or ten minutes. 5°. The main drawback of the new drugs consists in their enormously high price, prohibiting any extensive use. 6°. Apart from that inconvenience, the sozoiodolates fully deserve a further extensive trial, since, on the whole, they seem to be good substitutes for iodoform as remedies for chancres. While being powerful antiseptic agents, (owing to their containing iodine, phenol and sulphur) they are free from such disadvantages of iodoform as an abominable and disgusting odor, insolubility in water, etc.

Coffee with Lemon in Diarrhoeas.—In the Bulgarian bi-weekly *Meditzinski Pregled*, Nos. 7 and 8, 1889, p. 132, Dr. S. Khristoff, of Sophia, highly recommends a most simple, cheap and easily accessible remedy for diarrhoeas of any kind. It consists in taking internally, two or three times a day, from one to three teaspoonfuls of ground burnt coffee thoroughly impregnated with the juice and pulp expressed from several slices of a fresh lemon. Such "coffee and lemon gruel" is asserted to arrest diarrhoea and to remove any abdominal pain and tenesmus most rapidly (sometimes in 24 hours). The remedy is equally successful in adults and children above 10 years of age. Simultaneously rice-water should be given to drink and the patient's diet properly regulated. Dr. Khristoff suggests a fair trial of the plan. [According to Dr. R. Neale's *Medical Digest*, coffee (in the shape of beverage probably) with lemon juice was recommended by Holsbeck in ague (1486:6), while Druitt treated diarrhoea with lemon juice alone (910:5). Coffee was advised by Parves in typhoid fever (1503:3), and by Greenhalgh in vomiting (860:3). It is also said (413:3) to prevent griping from the use of senna. Generally, both coffee and lemon are supposed to have some remedial value in gastro-intestinal disturbances. The only question is, whether they act so truly marvelously, as our Bulgarian *confrère* asserts.—*Reporter.*]

Sunflower in Malarial Fevers.—In the *Meditzina*, No. 21, 1889, p. 7, Dr. S. Kazatchkoff emphatically draws attention to the common sunflower (*Helianthus annuus*, Russ. *podsolnetchnik*) as an excellent and cheap substitute for quinine in the treatment of malarial fevers of all possible forms.

The remedy has been from time immemorial used for the purpose in the Russian, as well as Persian and Turkish popular medicine, and that mostly after the following plan: A flask is filled up loosely with finely-cut dry or recent flowers and stem, and then with *vodka* (*aqua vitae*). The (hermetically corked) vessel is left to stand under sun rays, or at some warm place, for two or three days. The tincture is then ready for use and should be given as a small wineglassful (*liqueur* glassful) three times a day. In recent cases, complete and permanent cure ensues in from one to three days; in most obstinate and inveterate—not later than a week. The remedy proved successful even in such cases where quinine and other anti-malarial means failed. About ten years ago the sunflower was similarly recommended (*Meditzinskoie Obozrenie*, September, 1879) by Dr. Petr Filatoff, of Saransk.

Resorcin in Erysipelas.—In the Moscow periodical *Nostri Terapii*, No. 20, 1889, p. 295, Dr. A. Himmelfarb writes that in a number of cases of erysipelas in recently vaccinated infants, he obtained excellent results from painting the affected parts and a healthy zone around them with the following solution:

R. Resorcini puriss.....	3 ss
Glycerini.....	3 j
M. D. S. To paint (by means of hair pencil) every hour.	

A complete recovery took place invariably in 24 hours.

VALERIUS IDELSON, M. D., Berne.

Medical Progress.

THERAPEUTICS.

Injections in Pleurisy.—M. Juhel-Renoy stated at a recent meeting of the Société Médicale des Hôpitaux that he had abandoned the use of small injections in infectious pleurisy. He now employs a one per cent aqueous solution of chloride of zinc. The solution is luke-warm, the quantity injected being equal in volume to the amount of effusion which is allowed to escape.

Creasote in Phthisis.—Dr. James E. Newcomb, in the course of a paper on the use of creasote in phthisis, (*Medical Record*) states that he gives it only by the mouth. The formula he has followed is as follows:

B.	Creasot.	
	Tinct. capsici.....	aa 3ij.
	Mucilag. acaciae	3ss.
	Aquae.....	ad 3iv.

M. Sig.: Dose, one teaspoonful well diluted in water after meals.

Treatment of Destructive Pilary Folliculitis.—M. Quinquaud has described a peculiar folliculitis of the hairy regions which ends in a permanent destruction of the hair follicles. Dr. V. Nicolot, after describing its clinical aspects (*Paris Médical*), recommends the application every morning of the following:

B.	Hydrargyri bichloridi.....	1
	Hydrargyri bichloridi.....	1
	Alcoholis	60
	Aqua.....	500

M.

Every tenth day tincture of iodine should be applied. In about a month the cure is complete.

Treatment of Pruritus Senilis.—M. E. Besnier offers the following as an effective treatment in this distressing affection (*France Médicale*): 1° Starch baths. 2° Apply at night hot water (110° F.) to which the following has been added:

Carbolic acid.....	4 parts.
Aromatic vinegar.....	200 "

3° Then apply one of the following powders:

B.	Bismuth. salicylat.....	3ij.
	Amyli.....	3ix.
M.		
B.	Acid. Salicylic. (subtil. pulv.)...	3j.
	Amyli.....	3ix.

M.

The powder should be lightly applied.

Sedative in Hystero-Mania.—An interesting paper on hystero-mania is contributed to the *Maryland Medical Journal* by Dr. Alex. L. Hodgdon. He states the following sedative has given him the best results when intense excitement is present:

B	Extr. Cimicifug. fl.....	3iss.
	Extr. Vibur. Prunifol. fl.....	3i.
	Extr. Conii. fl.....	3i.
	*Tinct. Cannab. Indic.....	3iss.
	Syrup.	3x.

M. et Sig. Two teaspoonfuls three times a day; and see that its components are thoroughly mixed before exhibiting.

This must be administered with caution as the extracts of hemp and of hemlock are of uncertain strength.

Linseed Oil Emulsion.—We find the following in one of our exchanges: In a bronchitis where the cough would improve if the tough, glutinous, clear albuminous coating which lines the tubes in acute bronchitis, or the small, adhesive, yellowish pellicle which causes such severe coughing in chronic bronchial catarrh, could be changed to one loose and easy, Dr. Thompson recommends the following emulsion:

B	Olei lini.....	3xv.
	Olei gaultheriae	
	Olei cinnamomi.....	as 3ij.
	Chondrus (Irish moss).....	3ss.
	Aquæ	xxiv.
	Glycerinæ	3v.
	Syrupus simplicis.....	3x.
	Acidi hydrocyanici, dil.....	3iiss.

Of this emulsion his usual prescription for acute bronchitis is:

B	Mist. olei lini.....	3vi.
	Chloralis.....	3iss.
	Morphiæ sulphatis.....	gr. iss.
M.	Sig.: Dose, tablespoonful after meals.	

Therapeutic Value of Oxygen Inhalation.—A number of experiments have been made on this question by Dr. W. Tilman Thompson (*Medical Record and Practitioner*) who concludes that: 1°. Oxygen is of value in neurotic dyspnoea, for the relief of the distressing subjective symptoms. 2°. Where there is diminished surface for aeration of the blood, oxygen improves the cyanosis, lowers the rate of breathing, and relieves the subjective dyspnoea. 3°. Oxygen is of value where there is diminished inflation of the lungs from many causes. 4°. It is especially beneficial in the dyspnoeas of chronic Bright's disease and uræmia, pneumonia, capillary bronchitis, asthma, and catarrhal bronchitis, and sometimes in pulmon-

* The tincture of hemp used in the formula was made from the English extract and alcohol in proportion of one drachm of the extract to two ounces of alcohol.

ary congestion, and the early stage of oedema. 5°. Great care should be taken to secure chemically pure oxygen. 6°. Oxygen may be given freely and abundantly in cases of emergency, without fear of any injurious consequences. Ordinarily it is sufficient to give it pure by one nostril, while the other inhales atmospheric air; but it is often best to give it for a few moments by the mouth or both nostrils, without admixture of air.

PHYSIOLOGICAL AND PATHOLOGICAL NOTES.

The Velocity of Nerve Impulses.—Edward T. Reichert has collated the following (*Journal of Mental and Nervous Diseases*) résumé of the rates of transmission of nerve-impulses obtained by different observers:

Motor Nerves.	Lobster	{ Fredericq and Van de Velde, 6 metres per second.	
	Frogs	Marey,	20 metres per second.
		Clawson,	21 " " "
		Helmholz,	27 " " "
		Lamansky,	31 " " "
		Bernstein,	32 " " "
		René,	20 " " "
		Marey,	30 " " "
	Mammals	W. Wittich,	30 " " "
		Helmholz,	34 " " "
Sensory Nerves.—Mammals		Chauveau,	65 " " "
		Jaeger,	26 " " "
		Marey,	30 " " "
		Schelske,	40 " " "
		Helmholz,	50 " " "
		Richef,	50 " " "
		Kohlrausch,	94 " " "
		Bloch,	132 " " "

Hair-Balls from the Stomach.—At a recent meeting of the New York Pathological Society (*Med. Rec.*), Dr. T. Mitchell showed some hair-balls from the stomach of a pig. The balls were made up of the hair of the pig, which had been licked off and swallowed, mixed with sand and other matters. The hair had a curious spiral arrangement showing the effect of the gastric movements. These hair-balls are found very commonly in the pig's stomach, but their occurrence is of interest by reason of the bearing that it has on human pathology since they are sometimes found in the stomach of man. Dr. Prudden then showed two hair-balls from the stomach of a young woman, which had been removed by Dr. Finder, of Troy, and presented by him to the museum. There were two

balls, one considerably larger than the other, which were made up of human hair, horse-hair, threads from blankets, pieces of string, etc. The girl had been insufficiently fed in her youth, and had got into the habit of swallowing many kinds of inert and indigestible substances. Other specimens were presented of hair-balls from the cow's stomach.

Bacteria in Ice.—H. L. Russell, B. S., has lately been investigating ice from Lake Mendota, Madison, Wis., for bacteria (*Med. News*). He summarizes his conclusions as follows: 1° No evidence of any species of pathogenic germs were found, although slight evidences of sewage contamination were present. Our inability to distinguish pathogenic from non-pathogenic germs, except by special differential cultures, leads us to lay considerable stress upon sewage contamination. Where traces of this are present, danger to a greater or less degree exists. The comparative absence of typhoid cases in this city for the past season would have made a special search for the specific germ probably fruitless. All the different forms isolated during the progress of the experiments were investigated with this point in view, but none of them yielded any results indicating the presence of the typhoid germ in the ice. 2° In testing the effect of freezing upon bacteria no very accurate relation is possible to be made. From the sixty-two cultures made for this experiment it was found that the bacteria in ice had decreased about sixty per cent. as compared with the number found in the water. This proportion is not constant and may range somewhat higher. In a general way it might be stated that from fifty to ninety-five per cent. of the germs present in the water are destroyed by freezing. The influence of continued freezing of the germs cannot be determined by analysis of natural ice. The variation in the number of germs present in different parts of the same block is so great that it is practically impossible to establish any relation between them. Even pieces of ice taken from the same block at the distance of only a few centimetres apart gave widely differing numbers of germs. This element of error is so large that it practically eliminates the use of natural ice for the determination of any of these problems, unless a very great number of observations are made. Of the two most prevalent forms found in

either ice or water, the non-liquefying bacillus, suffers much greater loss by freezing than the liquefying species. 3° To determine a proportion between snow and transparent ice, as regards their bacterial content, over one hundred and fifty analyses were made. It was found that the transparent ice, as a rule, contained less than the snow ice, but a larger number of germs per c.c. were found in clear, transparent ice in several cases than was found in any sample of snow ice. Here again this local variation prevents any relation being established between these two kinds of ice. 4° A number of different forms of bacteria were isolated from snow, in addition to several different species of moulds and oidiums. The number of germs found was quite small, there being the least number present in snow which was collected at the close of a continued storm. Snow which had lain upon the ground for a length of time yielded a large number. These were deposited upon snow from the air.

GYNÆCOLOGY AND OBSTETRICS.

Superfoetation.—The following case is reported by Dr. Edgar W. Robertson in *Gaillard's Medical Journal*: A woman of 24, the mother of three children, was delivered of a child, on January 16, 1889. She is a healthy negress. On June 20, 1889, another child was born. The first child is small, the second one weighing about six or seven pounds at birth. The physician reporting this case states that he has no reason to doubt that the first child was borne by the woman; of the second he is certain. A curious fact, in connection with the birth of the first child is that the woman can neither remember the physician she consulted, nor anything about her nurses. On this account this unique case is probably to be taken *cum grano*.

Deformed Fœtus.—Mr. Birmingham, President of the Royal Academy of Medicine in Ireland, at a recent meeting of that body, exhibited a full-time fœtus with a curious deformity (*Dublin Journal of Medical Science*). The hand, instead of being articulated to the end of the forearm, was articulated to the margin of it. The forearm was extremely short. On both sides the thumb was missing, and the index finger was fused with the middle. In his opinion the radius was ab sen-

on both sides, and with the radius the thumb—the corresponding section of the hand, and the hand was articulated to the inner margin of the ulna. Some five years ago he had met a similar case of a child, aged eight or ten, in the *Mater Misericordiae* Hospital.

Extra-Peritoneal Hæmatocèle.—In a communication dealing with the pathology of ectopic pregnancy and pelvic hæmatocèle (*Am. Jour. of Obstet. and Dis. of Women and Children*), Dr. Wm. H. Wathen states that extra-peritoneal hæmatocèle nearly always results in speedy recovery, if the woman is kept quiet in bed, and her bowels, bladder, etc., are properly attended to. Within two or three weeks, most of the blood will have been absorbed and convalescence well established. As it is quite exceptional that suppuration or rupture into the peritoneum occurs, surgical interference is not often necessary; but if the subjective or objective symptoms indicate the presence of either of these conditions, then the abdominal cavity, or the hæmatocèle, should be opened, thoroughly cleansed, and a drainage tube inserted. If in suppuration the fluctuation can be detected through the vagina, it is best to enter the tumor through the vaginal vault; but if no fluctuation can be discovered in a vaginal examination, but is felt above the pelvis, laparotomy should be done and a drainage tube used in the lowest part of the wound. If the sac ruptures into the peritoneum, laparotomy should be done immediately.

SURGERY.

Craniotomy with a Pocket-Knife.—Dr. Ramon D. Garcin states (*Virginia Medical Monthly*) that being called to see a primipara, of 18, who had been in labor for twenty-four hours, he discovered that her pelvis was normal, but the child's head was enormous, it being hydrocephalic. The patient, being in a weakened condition, and living at a distance from the doctor's office, he performed craniotomy with his pocket-knife. The woman was then soon successfully delivered. The woman made an uninterrupted recovery. This is probably the first case on record in which such a serious operation was performed with a "small" pocket-knife. The fever, in the case, never rose higher than 99.8° F.

Dermoid Cysts of the Digits.—At a meeting of the Société des Sciences Médicales de Lyon, M. Daniel Mollière presented a dermoid cyst which he had removed from the pulp of the thumb of a woman. He had also removed one from the index of another woman. These cysts are rare, especially at the finger pulps. They seem to take their origin in slight traumatisms such as the prick of a needle, or friction due to occupation or accident. In these cysts, the contents are oily and there is a well-defined capsule. Enucleation is comparatively easy as the cyst envelope is very dense and easily torn out.

Epithelioma of the Penis.—Dr. S. T. Armstrong, U. S. M. H. S., reported the following case recently (*Med. Record*): T. D.—, aged thirty-eight, New York, admitted January 30, 1889, for ulceration of the penis and prepuce. The remains of the latter were removed under cocaine. At first it was supposed that the ulceration was phagedenic, notwithstanding the history that in January, 1888, a sore appeared on his penis, and was followed by a papular eruption on his body. Subsequently a hard growth remained at the site of the initial lesion, and in the two months previous to admission this had rapidly enlarged. The entire glans was involved, presenting a red, fungous appearance. The penis was amputated, examination having revealed the epitheliomatus character of the growth. Dr. Armstrong believed that this disease was of rare occurrence, at least it was so in the experience of the Marine Hospital Service.

Extirpation of the Uterus by Zuckerkandl's Method.—At the same meeting Dr. Frommel of Erlangen, said that the extirpation of the uterus by the vaginal method is often very imperfect. For this reason Zuckerkandl, of Vienna, proposed to extirpate the uterus through the recto-vaginal septum. To do this, a curved incision starting from the ischium is made, going between the anus and coccyx, the rectum is then freed from its attachments and it is lifted upward; the rectum can be liberated with the fingers alone, no instrument being necessary. In this manner, a very large wound is obtained, through which one can introduce the fist into the peritoneal cavity; the arteries are easily ligated and the large wound allows a

free access to the uterus and permits the removal at will of all carcinomatous tissues; the bladder is easily separated from the fundus of the uterus. He thought this operation was quite practicable and of great usefulness in difficult cases; it is also indicated in retro-uterine abscesses.

Extirpation of Pelvic Tumors by Perineotomy.—At the last meeting of the German Gynæcological Society, Dr. Sanger, of Leipzig, said (*Med. News*) that by the name perineotomy he meant the exposure of the ischio-rectal fossæ by the peritoneum for the removal of cysts, hæmatomas, exudates or other tumors having their seat in the connective tissue and Douglas's cul-de-sac. A year ago he did such an operation on a woman aged forty-two years, suffering from a retro-rectal and recto-vaginal dermoid cyst. This woman has been obliged in her last six labors to have the help of a physician on account of the great development of the tumor. He made an incision of three inches, starting from the middle of the part separating the right labia majora from the anus and extending beyond this orifice; he penetrated into the pelvis, where he found a cyst having the size of a child's head; this cyst was independent of the ovary. The patient was cured perfectly. Only ten cases of the kind has he been able to find in the literature of the subject.

Hip Disease in Children.—Dr. Edw. Borck, in a paper giving some short notes on the surgical diseases of children (*Archives of Pediatrics*), states that in the second stage of hip-disease—that is, the stage of effusion—we have, among other symptoms, great pain. If the case goes from bad to worse,—that is; from the second to the third stage,—suppuration takes place, and as soon as the capsule is perforated the pain ceases. He has, therefore, been led in several cases to open the capsule by a subcutaneous incision during the second stage, with the most gratifying results. By this means he lets the fluid run into the surrounding tissue, to be absorbed by nature. The pain ceases immediately; the patient is then put in as comfortable a position as possible; the limb is easily straightened by manipulation. The best method that he has employed is to put upon the patient a pair of wire breeches. No forced extension is employed. He says that aspiration as a curative

method has failed in his hands. Extension and counter-extension employed upon the fanciful theory that thereby the head of the femur is separated from the acetabulum, is useless. In a healthy joint it can not be done. The two surfaces are in such close relation—move upon one another so accurately—that there is no room ; the vacuum is so small, indeed, and the joint hermetically sealed ; therefore it can not be pulled asunder. Separation of these two surfaces can only take place when disease has destroyed the ligaments and the capsule is opened.

Increasing Prevalence of Cancer.—In the Morton Lecture on Cancer perhaps the most salient feature of Sir Spencer Wells's address is the statement he makes as to the increasing prevalence of cancer, more particularly in the male sex in middle life (*Annals of Surgery*). Making every allowance for increase of population, for better registration and more careful diagnosis, he states that the cancer mortality in England and Wales has increased during the last twenty-six years (1861 to 1887) from 360 to 606 per million, and a similar but not so marked an increase has occurred in Ireland, Scotland and New York. The importance of such a statement as this is sufficiently obvious, and Sir Spencer Wells devoted a considerable part of his lecture to the discussion of these figures. After a brief allusion to the latest contributions to the etiology of cancer (particularly Scheuerlen's so-called cancer bacillus) the lecturer proceeded to deal with a few practical questions. Thus, with regard to amputation of the breast, he advised complete removal of the whole organ in every case of cancer, unless the growth was small and close to the margin of the gland or only affected outlying portions of the gland. Nor is it necessary to remove the breast in those cases where there is an axillary tumor but no growth in the breast itself, as these probably belong to a special class of tumors originating in the sweat glands.

As regards treatment, the lecturer expressed his disbelief in any so-called cure by caustics, and devoted the remaining part of his lecture to the consideration of the best method of operating in cancer of the uterus. He is in favor of extirpation by the vaginal method, and quotes statistics more particularly from Olshausen to show how successful this method is.

Book Reviews.

Synopsis of Human Anatomy. Being a Complete Compend of the Viscera, and Numerous Tables. By JAMES K. YOUNG, M.D. 12mo., pp. 393. Illustrated. [Philadelphia and London: F. A. Davis, 1889. Price, \$1.40.

This is a compact hand-book of human anatomy in which the principal facts connected with this important study are succinctly and clearly put. The last edition of Gray has been taken as the standard, but other authors have been freely drawn upon. A useful feature is a chart of the cranial nerves giving the superficial and deep origin, points of exit, divisions, distribution, etc. A well gotten-up index terminates this handy and useful little manual.

Transactions of the Southern Surgical and Gynæcological Association. Vol. I, Session of 1888. 8vo., pp. 318. [Birmingham, Ala. 1889.

The society issuing these proceedings may well feel proud of the handsome appearance presented by the volume before us. It is well printed and handsomely bound, and makes a volume fit to grace any physician's book-shelves. It would be difficult to select any papers for particular mention. The majority of those appearing are short, and will be read on this account. Genito-urinary surgery occupies a great deal of the attention of the members, although general surgery comes in for its share of consideration. The papers, in general, show that their authors are progressive men who are up to the times. They also indicate that in medical matters, at all events, the South is beginning to recover a good portion of that prestige which she had lost. A fact to be noted is that nearly all the work which appears in these transactions is clinical, indicating that those who compose this association are largely workers.

Transactions of the American Orthopedic Association. Vol. I. 8vo. pp. 303. [Boston: Published by the Association. 1889.

In this handsomely gotten-up volume we are presented with the transactions and communications of the first two

annual meetings of the association. The papers are all good and contain much that is useful and interesting. A large number of different deformities and other orthopedic subjects are dealt with in a manner which makes their clear understanding comparatively easy. As all of these papers have already been published in medical journals, it is unnecessary to make any special mention of them.

We learn from these proceedings that the society numbers 35 active members, of which 17 are from New York, 4 from Philadelphia, 3 from Boston and the remainder scattering. There is but one corresponding member, Mr. Bernard Roth, of London.

The Association is in a flourishing condition and the members have taken the matter in hand earnestly so that its further success is assured. By issuing a permanent record of their transactions they have done much to ensure the future of this special society.

Diseases of Women. A Manual of Non-Surgical Gynecology, designed especially for the use of Students and General Practitioners. By F. H. DAVENPORT, A.B., M.D. 8vo. pp. 317. With numerous illustrations. [Philadelphia, Lea Brothers & Co., 1889. Price, \$1.50.

In this small work all surgical gynaecology, except such simple measures as require no particular skill, is omitted. The principal object of the author has been to deal with considerable detail upon the elementary principles of the method of examination, and the simple method of treatment of the most common diseases of the pelvic organs of the female. The author has been very clear in the treatment of his subject. He has not attempted too much, and has avoided over-burdening his work with fruitless discussions.

The concluding chapter deals with the necessary instruments and appliances for ordinary gynaecological work. Although the choice of a speculum might be made a question, as well of that of dilators, etc., the list given is a good one. The list of solutions and their application is wisely curtailed. In fact, in this matter the author has very judiciously given his reader an opportunity to exercise a certain amount of judgment.

This book will certainly prove a good guide to young men about to enter upon the general practice of medicine. Students can profit by it, and the lessons which they will acquire in its study will not fail of being helpful when their applications in practice are indicated.

The Diagnosis and Treatment of Extra-Uterine Pregnancy. By JOHN STRAHAN, M. D., M. Ch., M.A.O. (Roy. Univ. of Ireland). Jenks Prize Essay of the College of Physicians of Philadelphia. 8vo. pp. 134. [Philadelphia: P. Blakiston, Son & Co., 1889. Price, \$1.50.

This essay is perhaps one of the best monographs which has appeared in late years upon the subject with which it deals. It is a particularly valuable contribution, from the fact that the author has been industrious in his consideration of the literature upon the subject and has analyzed it with an acuteness which is quite marked. The diagnosis of extra-uterine pregnancy occupies sixty-six pages. He sums up by saying that in the early stages it is not diagnosed, but when the foetal heart is heard it is an easy matter. When, after false labor, the foetus dies and the liquor amnii is absorbed, the difficulties of diagnosis begin again. He states that very little reliance can be placed either upon the form or location of the tumor, or upon the history.

The treatment before and after rupture, and the various methods recommended; the treatment at the full period; the primary operation; the vaginal extraction of the child, etc., are fully considered.

An almost complete bibliography of the subject terminates this valuable essay upon a subject which is yet involved in much obscurity. The information contained in the present monograph, however, cannot but be of the greatest usefulness to all those who have occasion, from time to time, to deal with cases such as form the matter under treatment.

The Physiology of the Domestic Animals. A Text-Book for Veterinary and Medical Students and Practitioners. By ROBERT MEADE SMITH, A.M., M.D. 8vo. pp. 938. With over 400 Illustrations. [Philadelphia and London: F. A. Davis, 1889. Price: cloth, \$6.00; sheep, \$6.75.

Students of physiology, who are not familiar with French or German, owe a debt of gratitude to Dr. Smith for having

written the work before us, as it is the only work of its kind in the English language. Aside from this, however, the intrinsic worth of the book is such as to recommend itself to the intelligent reader. The author has undertaken a task such as few would attempt, and he has acquitted himself most creditably. When we consider the small amount of work and investigation which has been done in the matter of animal physiology, in comparison with what has been achieved in this respect in human physiology, we can readily understand the difficulties in the way of the author. The matter in this book is replete with interest, and the information to be derived is varied and instructive. Beginning with general physiology and a consideration of the physiology of animal cells and the chemical processes in cells we are lead to a consideration of special physiology, the author dealing largely in comparisons between man, the domestic, and the wild animals, insofar as he deems it essential to a clear comprehension of the subject in hand. Not only this, but the anatomical and physiological relations of the lower forms of animal life also receive attention.

We would recommend every student of physiology to obtain and carefully read this book, as it will amply repay a careful perusal.

The typographical work is excellent, and a feature to which we wish to call especial attention, are the colored diagrams illustrative of the functions of the brain and of the spinal cord.

Literary Notes.

Studies in Clinical Medicine is the title of a semi-monthly journal to be issued shortly. It will be edited by Dr. Byron Bramwell, the pathologist and clinician of the Durham University School, England.

The **American Medical Digest** has been thoroughly digested and absorbed by the *Times and Register*. Our Philadelphia cotemporary seems to possess an enormous appetite and is putting out all its efforts to satisfy it.

The Annales Medico-Chirurgicales, of Paris, has changed its name to the more pretentious title, *Annales de Thérapeutique Médico-Chirurgicales*.

The Archives of Surgery is a quarterly to be issued by Mr. Jonathan Hutchinson. He contemplates issuing it for four years only, and it is to contain the cream of his note-books.

The Columbus Medical Journal is for sale. The proprietors are prepared to show that it is desirable property, but owing to contemplated changes, they offer the publication at a bargain. Here is an opportunity that should not escape the "trust."

The Quarterly Compendium of Medical Science has been discontinued for the present. The publisher gives no reason for this move; but it is, in all probability, for the purpose of devoting more time to the *Medical and Surgical Reporter*.

The Weekly Medical Review of this city has experienced an awakening under the guidance of its new editor Dr. Bransford Lewis. We are anxiously awaiting an expression of opinion on the part of our esteemed contemporary on the subject of "Medical journal trusts."

The American Practitioner and News has sustained a severe loss in the death of Jno. P. Morton, the senior partner of the publishing firm, which issued that journal. Mr. Morton was the oldest bookseller in the United States. He died at his home in Louisville, at the advanced age of eighty-two years.

The St. Louis Medical Advance is the latest. It is a large octavo of 32 pages published quarterly at the rate of one dollar per year. Dr. N. M. Baskett, of Moberly, Mo., is the editor. We do not know that there exists a particular *raison d'être* for this new publication, but we welcome our new friend and hope that it will enjoy many years of usefulness and prosperity.

Books Received.—The following books have been received and will be reviewed in future issues of the JOURNAL:

Dyspepsia, by Frank Woodbury, M. D. Physicians' Leisure Library, Geo. S. Davis, Detroit; Transactions of the Michigan State Medical Society, 8vo. pp. 391. Detroit, 1889; Sur l'Epilepsie, l'Hystérie et l'Idiotie par Bourneville, Caurbarien, Kaoult, Sollier, Paris, 1889.

Lectures on Obstetric Nursing, by Theophilis Parvin, M. D. Philadelphia, P. Blakiston, Son & Co., 1889; The Urine, the Common Poisons and the Milk, by J. W. Holland, M. D. Philadelphia, P. Blakiston, Son & Co., 1889; A Manual of Chemistry, by Brandreth Symonds, A.M., M.D. Philadelphia, P. Blakiston, Son & Co., 1889.

The Practical Applications of Electricity in Medicine and Surgery, is the title of a new work by Dr. G. A. Liebig Jr., of Johns Hopkins University, and Prof. George H. Rohé, of the College of Physicians and Surgeons, of Baltimore, to be published shortly by F. A. Davis, of Philadelphia. The part on Physical Electricity, written by Dr. Liebig, one of the recognized authorities on the science in the United States, will treat fully such topics of interest as Storage Batteries, Dynamos, the Electric Light and the Principles and Practice of Electrical Measurement in their Relations to Medical Practice. Prof. Rohé, who writes on Electro-Therapeutics, discusses at length the recent developments of Electricity in the treatment of stricture, enlarged prostate, uterine fibroids, pelvic cellulitis, and other diseases of the male and female genito-urinary organs. The applications of Electricity in dermatology, as well as in the diseases of the nervous system, are also fully considered. The work will be fully illustrated by engravings and original diagrams.

Pamphlets Received.—The following pamphlets have been received during the past month and our thanks therefor are herewith returned: Eleventh Annual Announcement and Catalogue of the St. Louis College of Physicians and Surgeons, Session 1889-90; Boston University School of Medicine, Announcement and Catalogue, July, 1889; Announcement of Gross Medical College, of Denver, Session 1889-90; Annual Announcement of Beaumont Hospital Medical College of St. Louis, Session 1889-90; Electrical Distribution of Light, Heat and Power, by Harold P. Brown, etc., 1889; Death is Painless,

Mr. Brown's Experiments on Electric Executions (From the *N. Y. Star*, July, 1, 1889); Yellow Fever. A New Treatment. A Forecast for 1889 by Dr. Wolfred Nelson; Thirteenth Annual Announcement of Ensworth Medical College and Hospital, St. Joseph, Mo., Session 1889-90; Sixth Annual Announcement of the Medical and Dental Departments of the National University, Washington, D. C., 1889-90; Prospectus of the St. Louis College of Pharmacy, Session 1889-90.

A Clinical Study on Alopecia Areata and its Treatment, by L. Duncan Bulkley, A. M., M. D. (Reprint from the *Medical Record*, March 2, 1889.); On the Value of Frequently Repeated Doses of Arsenic in the Treatment of Bullous Diseases of the Skin, especially in Children, by L. Duncan Bulkley, A. M., M. D. (Reprinted, from the *New York Medical Journal*, for April 13, 1889.); On Unusual Methods of Acquiring Syphilis. With Reports of Cases, by L. Duncan Bulkley, A. M., M. D. (From the *Medical News*, March 2 and 9, 1889.); Concerning Some Unusual Eruptions, by Charles W. Allen, M. D. (Reprinted from the *Medical Record*, August 3, 1889.); Dermatitis Multiformis Gestationis, by Charles W. Allen, M. D. (Reprinted from the *Journal of Cutaneous and Genito-Urinary Diseases*, for August, 1889.); Prolapse of the Womb, with Especial Reference to the (so-called) Hypertrophic Elongation of the Supra-Vaginal Portion of the Cervix, with Report of a Case, by Lewis H. Adler, Jr., M. D. (From the *Medical News*, August 3, 1889.); Experience and Incidents of 691 Obstetrical Cases. Presentations and Mode of Delivery, by N. Guhman, M. D. (Read before the St. Louis Medical Society.); Eighth Annual Announcement of the New York Post-Graduate Medical School and Hospital, Sessions of 1889-90; Eighty-third Annual Circular of the School of Medicine of the University of Maryland, Session 1889-90; Thirtieth Annual Announcement and Catalogue of the Hahnemann Medical College and Hospital of Chicago, 1889-90; Annual Calendar Faculty of Medicine, McGill University, 57th Session, 1889-90; Annual Report of the Health Commissioner of St. Louis, for the Fiscal Year ending April 8, 1889.

The Virginia State Medical Society will hold its twentieth annual meeting in Roanoke, commencing Sept. 3, 1889.

Melange.

The American Dermatological Association will hold its next annual meeting in Boston, Sept. 17, 18 and 19.

The American Academy of Medicine will hold its next annual meeting in Chicago, Ill., on September 17 and 18, 1889.

The United States Hay Fever Association held its sixteenth annual meeting at Bethlehem, N. H., on August 27, last.

The American Public Health Association will hold its seventeenth annual meeting in Brooklyn, on October 22 to 25, 1889.

Dr. Oscar C. deWolf, of Chicago, has resigned the office of Health Commissioner after serving in that capacity for thirteen years. Dr. Wickersham succeeds him in that post.

Please Name Them.—"Just think of it! Ten Medical Colleges in St. Louis," quoth the St. Joseph *Medical Herald*. Will you please name them for us. We are getting alarmed.

The American Association of Obstetricians and Gynaecologists will hold its next annual meeting at the Burnet House, Cincinnati, Sept. 17, 18 and 19, prox. The profession, in general, is invited to attend.

Mr. Jonathan Hutchinson has received a deserved compliment in the presidency of the Royal College of Surgeons, of England. He serves in that capacity during the coming year.

The Medical Society of Pennsylvania met at Pittsburg on July 15 last, through its committee, and placed the time for the next meeting, which was to occur on Sept. 3, 1889, for June 10, 1890.

A New Medical School.—At its last session the Texas legislature appropriated the sum of \$50,000 for the purpose of establishing a medical branch of the State University. The new medical school is to be located at Galveston.

The Association of American Physicians will hold its fourth annual meeting in the Medical Museum and Library building, at Washington, on Sept. 18, 19 and 20.

Daniel's Texas Medical Journal is at present stirring up the Chicago *Medical Standard*. Our Texas cotemporary is very forcible in its remarks and we shall doubtless be regaled with some caustic reply from our Chicago confrère.

The Physicians Mutual Benefit Association, of Texas, is no more. Twelve assessments were made, netting an average of \$99.50 to each widow. The last assessment brought \$59 net, 64 members paying one dollar each and the expenses amounting to \$5.

The Mississippi Valley Medical Association will meet at Evansville, Ind., Sept. 10, 11 and 12. This meeting promises to be one of the largest ever held and the programme will be replete with interesting papers. The various committees have been very active in their efforts to make this a great success.

The Tenth International Medical Congress will be held in Berlin, opening on August 4 and closing on the 9th day of the same month in 1890. Detailed information as to the order of proceedings will be issued after the meeting of the delegates of the German Medical Faculties and Medical Societies at Heidelberg on the 17th of this month.

A Prize for Original Investigation.—The Vermont Microscopical Association has just announced that a prize of \$250, given by the Wells & Richardson Company, will be paid to the first discoverer of a new disease germ. All who are interested in the subject, and the conditions of this prize, should write to C. Smith Boynton, M. D., secretary of the Association, Burlington, Vt.

The Medical Society of West Virginia held its annual meeting at White Sulphur Springs, on July 17, 18 and 19. The following officers for the ensuing year were elected: President, Dr. S. H. Austin, of Lewisburg; First Vice-President, Dr. T. R. Evans, Second Vice-President, Dr. J.

D. Mayer, of Charleston; Third Vice-President, Dr. Moss, of Cabell County; Secretary, Dr. Fullerton, of Charleston; Treasurer, Dr. Campbell, of Wheeling.

The Chicago Medical Journal and Examiner, as noted in August number of the JOURNAL, has ceased to exist. It has been stated by some, who pretend to know whereof they speak, that it has been "absorbed" by the *Times and Register*.

Mithridatism.—Professor Lankester proposes, in *Nature*, that this new word be admitted to the scientific vocabulary (*N. Y. Med. Jour.*), to signify that immunity from the effects of a poison which is induced by the administration of gradually increased doses. The selection of the word has reference to the fable concerning Mithridates, King of Pontus, that he became so charged with the poisons he experimented with that he obtained an immunity from them all.

The Naphtha Habit among the female employes of rubber factories is said to be increasing (*Boston Med. and Surg. Jour.*). The inhalation of naphtha fumes produces a peculiarly agreeable inebriation. Naphtha is used to clean rubber, and is kept in large boilers, to the valve of which the female employes obtain access, and breathe the fumes. The habit was introduced from Germany, and is reported to be chiefly found in the New England States.

Death of Dr. Alex. B. Mott.—Dr. Alexander B. Mott, Professor of Clinical and Operative Surgery in Bellevue Hospital Medical College, died of pneumonia after a very brief illness at his country residence at Yonkers, Aug. 12, last. Dr. Mott was the fourth son of the late Valentine Mott, and was born in New York on March 21, 1827. He was graduated in medicine in 1850, and subsequently served as Visiting Surgeon to St. Vincent's and Charity Hospitals.

"The Elixir of Life" has thrown the suspension treatment entirely in the shade. Appropos of the former the *Lyon Médical* quotes the following from "Summula Jacobi de partibus per Alphabetum super plurimis remediis ix ipsius Mesne libris excerptis (1540)": Sperma multipli-

cant confectis testiculorum vulpis, oleum amygdalorum dulcium, oleum de nuce indica, oleum de granis sisamis, oleum de semine line. Verily, nil sub sole novum !

Another Journalistic Quarrel.—The *Times and Register* prints the following in one of its late issues: When the *Medical and Surgical Reporter* has retracted its previous misstatements concerning this journal and its editor, and apologized for the same, we may notice its later statements. Until this has been done we do not consider it worth replying to. Its readers may be willing to pay for the privilege of being informed as to its editor's opinion of us, but ours prefer that we shall devote our space to matters medical.

A Medical Journal's Grievance.—It is evident that the dog-days have made a number of our esteemed contemporaries don their war-paint. The *Medical and Surgical Reporter* has a grievance which it airs as follows: "If imitation is the sincerest flattery, the old *REPORTER* ought to be satisfied. It has not been long since we had to express a mild regret that a journal, started in Toledo, had borrowed our name; and now before we have had time to recover from that shock, along comes a new competitor, calling itself the *Western Medical and Surgical Reporter*. It comes from St. Joseph, Mo.; it is edited by T. E. Potter, M. D., and published by B. P. Hatch. It starts with a good deal of 'promise'; but it is a pity it could not get a name without stealing one, and that it should give so much of its fourteen and a-half reading pages to unblushing bids for advertisements. If our wish were consulted, all the journals which help themselves to our name would at least have a little regard for our reputation. But this is probably too much to expect." And the *Reporter* is right.

Clinical Facilities.—In a letter to the *American Practitioner and News*, Dr. W. Cheatham states that the nose and throat clinics in Vienna are especially fine. It is wonderful to see the control they have of their patients in these clinics. And there is another factor in making Vienna so favorable as a medical centre. The clinicians do with their patients as they choose. Forty or fifty students can use the laryngoscope on any patient their teacher may think necessary. It may be

pretty hard on the patient, but it is very good for the student. Prof. Schroetter had several patients brought from their beds for me to examine. There appears to be no limit to the amount of clinical material. There is danger that this richness of resource may prove a drawback to the student, as he is thereby tempted to undertake to see too many cases in the hour. Here the student has the opportunity of treating many cases. This privilege is also accorded him in Berlin. There is a great opportunity in Vienna for seeing growths of the larynx. Here one can see in a day more of such neoplasm than the throat specialist in our part of the country would encounter in a lifetime.

Orthography of "Doctors."—The following choice specimens are culled from the *Memphis Medical Monthly*, having been sent to that journal by T. M. Butler, of Funny Louis, La.:

MARTIN, TENN., Feb. 28, 1889.

Mr. ——, Dr Sir as I am at home Will Write to you has that Dr. come to your place yet if not let me no I wornt to start thair at once let me no I wornt to start bry 10 of March let me no Pleas You cum write to me at Mt Pelia. Tenn If it is not tuken I will come at once I am waiting to hear from You Yoer ferend J. H. H——, M. D.

"This fellow came to my drug store in my absence, helped himself to medicines, put his own price on them, and left this note of explanation.

BUTLER."

One oz of quinine	75	
2 oz of lodnum	30	30 (Laudanum)
1 oz of S V B of bismath		15 (Sub. N. Bismuth)
1 oz of Iodid of patasum		40 (Iodide Potash)
1 oz of cloroform		40 (chloroform)
		—
		\$180

D—

I am dew you \$180
 I will send it to you by Mr Isaac Will Wilbanks Banks youl
 Will find the Bill if the bill is Rong Send me the correct
 Amount and I Will settle the same Yores D—

A New Tri-State Medical Association.—Dr. Frank Trester Smith, Secretary of a Committee appointed for that

purpose has issued the following call. "The members of the medical profession in Alabama, Georgia and Tennessee are requested to meet in Chattanooga on the Third Tuesday in October, for the purpose of forming a Tri-State Medical Association. All will be admitted to the meeting of the Association, but the membership will be restricted to graduates of regular Medical Colleges in good standing." This call is signed by committees from Jackson County, Alabama, Medical Society; Chattanooga, Tennessee, Medical Society; Cleveland, Tennessee, Medical Society, Cartersville, Georgia, Medical Society; Dalton, Georgia, Medical Society. It is hoped that there will be a general turnout of the Profession. Papers of interest have been promised by prominent men. This organization will be independent of all other societies. It will be an association of individual members of the Profession of Medicine, and will be managed in the interest of medical progress. You are earnestly requested to be present and participate in the exercises. The session will continue two days. If you desire to read a paper or exhibit a specimen, please notify the secretary at an early date. Another circular will be issued in due time announcing the titles and authors of papers.

An Hallucination Peculiar to Chronic Alcoholism.—Dr. M. D. Field, of the Blackwell's Island Insane Asylum, read a paper before the New York Academy of Medicine (*N. Y. Medical Journal*), giving an account of ten cases of this sort. The symptom was one he had seen only in these ten cases, all of alcoholic dementia. A patient presenting it, while he had perfect knowledge of his surroundings and his own relation to them—knew that he was confined in an asylum and how long he had resided there—would nevertheless tell his attendants in the most circumstantial manner that on the previous day he had been away from the building, and would describe where he had gone and what he had seen. He would seem unconscious that there was anything improbable in his narrative, and, if questioned, would assure one that he had often before been on such excursions. Some who gave these accounts were confirmed cripples, yet had this delirium of having recently taken a long walk. One patient, for instance, suffering from a double peripheral neuritis and from phthisis, would always, if asked if he had walked out the day before,

answer that he had made several miles. At one moment such a patient realized that he had not left the hospital in months; in the next he assured any one conversing with him of his trip, and described it. This curious mental aberration was common to men and women, and to all ages and grades of life. The particular sort of liquor the patient had been addicted to had no relation here. He would here remark that a majority of the cases of alcoholic insanity which came into Bellevue Hospital were the result of drinking what is known as mixed ale; and not of indulgence in the stronger liquors.

Vaccination in China.—Vaccination in China is supposed to be a profound affair, says Dr. Robert C. Beebe, in the Cleveland *Medical Gazette*. He adds the following translation of Chinese vaccination tickets used at Nanking: Directions for those who have been vaccinated: The following articles may be eaten:—Parsely, spinach, yams, greens, peas, bamboo sprouts, mushrooms, large and small, three or four at a time, beans, carp soup, bean curd film, birds' nests, rice gruel, home-made rolls, smoked hams *freshened*, soup made with fat from about pig's stomach, kidney soup. The foregoing articles may be slightly salted.

The following articles must not be eaten:—Ginger, onions, garlics, scallions, fragrant, sweet, salt or sharp flavored viands, fried cakes and all food cooked in fat; all juicy fruits. The foregoing must be refrained from for forty days.

Male of fowls, carp, pig's head, ducks' or hens' eggs must not be eaten for one hundred days. Shad, sturgeon, cherries, mutton and beef must not be eaten for one year.

For twelve days the child must be very careful. Do not rub or irritate the arm. When the child goes to bed it should wear a small shirt of white foreign cloth or satin. If neither of these can be used, an old, soft garment may be substituted. Do not use starched inner garments. Do not bandage the arm. Do not tie anything about the arm. Do not allow the child to be held by a menstruating woman. The child's parents must not have sexual intercourse while its arm is sore. The child must not smell the odor of the chamber-vessel, a pig, or dog, or any kind of foul smelling thing.

It is of the greatest importance that this patient return to the vaccinating station on the twenty-first of the fourth moon,

at eight o'clock A. M., to have the pus and poison removed, to have medicine applied and to get some poison dispelling pills. If the patient does not return, the poison will probably pervade the whole system, and this station will not be held responsible for the consequences.

Facts and Superstitions Concerning Pregnancy and Parturition at Swatow, China.—Dr. A. M. Field says, in the *Medical News*, that nearly all the Chinese women maintain a sitting posture during delivery. A few are unable thus to bring forth the child, and these are called "recliners."

The umbilical cord is never divided until after the emergence of the placenta, because it is supposed that this would cause the contents of the womb to rise and remain among the internal organs, causing speedy death. After the appearance of the placenta, the cord is tied by a thread, about one inch from the umbilicus; a loop is made by bringing the distal portion toward the body; a second knot is tied securely upon the first over the doubled cord, "to prevent the entrance of wind," and the cord is then cut near the second knot. The portion of the cord left with the placenta is not tied.

If there is much delay in the expulsion of the secundines, various methods are pursued in assisting the patient. The mother-in-law or midwife goes behind the house in which the patient lies, raps smartly with a carrying-pole on the wall, and shouts, "Is it out yet?" An assistant responds from inside the house, "It is out." This performance is repeated, with short intervals, until the desired result is effected.

Another method of hastening the expulsion of the after-birth is to have the patient lean over a horizontal bar, supporting herself partially upon her hands. This sometimes starts the adherent placenta, but is discomforting to the attached infant.

Some midwives insert the hand and remove the placenta, but mothers greatly fear this operation. It is asserted that one woman had her liver pulled out by the attending midwife and consequently died. Native male physicians are under no circumstances called in cases of childbirth.

A girl that is born face downward, or one that is guilty of micturition or defecation immediately after birth, is straight-

way smothered, because of a superstition that such a child will be injurious to its parents.

A pregnant woman is advised not to handle edged tools. If she does so, her offspring is likely to lack a finger or a toe, or to have a harelip or a split ear.

Two pregnant women will not sit together upon the same bench. As each woman hopes that her child is a male, and as it is thought that there may be an occult exchange of sexes between embryos that are brought into vicinage, it is considered wise to avoid the risk of having the supposed masculine tenant of the womb superseded by a female.

If a child has been touched by a pregnant woman, and sickens soon afterward, its mother winds a skein of silk, made up of threads of five colors, around a potato and roasts the potato in the ashes. If the silk is burned during the process of roasting, it indicates that the ailment was not caused by the touch of the pregnant woman. But if the silk is not burned, as sometimes happens, then the mother of the injured child throws the potato over her house, and it is believed to produce a miscarriage in the woman who has caused the disease, while the sick child recovers.

Many men have purses made by women approaching confinement, hoping that the woman's plethoric condition will be mystically reproduced in the money-bag!

Collective Investigation Committees.—The *Provincial Medical Journal* publishes the following very pertinent editorial concerning the Collective Investigation Committee of the British Medical Association. A state of affairs very nearly akin to this exists in the American Medical Association, and it is more than probable that its committee will be permitted to quietly pass out of existence: As is well known, we opposed this expensive organization, and we pointed out in the *British Medical Journal* the fallacies that we believed were connected with it. Our opposition was regarded as a personal attack on the eminent organizers of the idea. At Copenhagen, when we met the late Dr. Mahomet, his first words were: "I do not know whether I ought to speak to you." "Why?" we asked. "Because you have so opposed this committee." "But," we rejoined, "we have not opposed you; we have dealt with principles, not men." Dr. Mahomet was too broad-

minded to act as some little men would have acted, and our relationship with him is now a pleasant recollection. The editor of the *British Medical Journal*, in his "Topics of the Day," July 15th, sings the *requiem* over this organization: "Its success has been so dubious," he says, "that after a brief period of existence its animation has, I regret to see, been suspended. I pointed out its sources of inherent weakness, [we do not remember reading any published paper of Mr. Hart's to this effect] and the improbability that it could fulfill the large expectations formed of it here, and which for a moment attracted the imagination of other associations, and of the International Medical Congress. It was born with great *éclat*, baptized with many benedictions, welcomed with loud soundings of trumpet at Copenhagen; but neither energy, liberal subsidy, nor the devotion of some of the finest intellects in Europe could keep it alive."

It is useless to beat a dead horse. *Fugit* may now be written across its history, but the lessons are not to be lost. We need hardly point out what these are. In our opposition we disregarded the weight of authority, and considered the measure on its merits. We simply acted as Huxley lays down in his "Lay Sermons," p. 18: "We refuse to acknowledge authority as such. The conditions of resistance to authority are clear. Skepticism, where natural knowledge is concerned, is the highest of duties; blind faith, the one unpardonable sin . . . The most ardent votary of science holds his firmest convictions, not because the men he most venerates holds them. The man of science has learned to believe in justification, not by faith, but by verification." We regret to say that this spirit does not enter sufficiently into some medical minds. To oppose a new theory or new departure in therapeutics is, with some, tantamount to opposing the man; if the man be good (as if there were any merit in this, for all men should be good) the sin of opposition is all the greater. Our general views on professional subjects are freely expressed; we do not attack a man, but a system; if the system be assailable, *tant pis* for the system. Nothing in science now-a-days can live by authority: it may be bolstered up for a time on the shoulders of eminent names, but time comes in, and, as with the Collective Investigation Committee, the inherent weakness of the system kills it.

Corsets.—The New York *Medical Abstract* states that the *Medical Press*, London, says the following of corsets: We have always been taught that costal, as opposed to abdominal, breathing was peculiar to the female, but observation seems to show that it is a purely artificial state of things brought about by mechanical impediments to free displacement of the viscera. For example, in Chinese women, whose garments do no constrict the waist in the slightest degree, and whose hips are not made to support the weight of heavy garments, the exaggerated chest respiration which prevails in our own countrywomen is unknown, and in all, abdominal breathing is as well marked as in males leading sedentary lives. Among the American Indians whose women lead active lives, in the most primitive of costumes, only a difference of from one and a half to two inches was found between the waist measure of females and males respectively, and these results were confirmed by the examination of the women of other races. Again, abdominal respiration was found in a Scotchwoman forty-five years of age, unmarried, who had never worn a corset. When a man was tightly laced in a corset the breathing became of almost as pure a costal type as in a corset-wearing female. Among the lower animals, such as dogs and cows, respiration is of the same type in both sexes.

The moral to be drawn from these observations, of course, is that which has been so long advocated by the woman's dress reform association. But we fear that woman, with her native perverseness, will continue to wear the corset so long as men admire a slim waist.

Local Medical Matters.

The Medical Colleges all begin the winter sessions this month. From the present outlook, it seems as if all would enjoy large classes. This may be partly due to the fact that several State Boards of Health have promulgated a rule to the effect that after 1890 the attendance upon lectures at Medical Colleges will be prolonged one year.

Desiccating Garbage.—There is a movement on foot here to do away with the dumps which are in use for the disposal of garbage. The refuse matter has fouled the river to a small extent, and it is proposed to desiccate garbage. This method is superior to cremation, as has been demonstrated in Milwaukee, where both methods have been tried. In desiccating, the garbage is passed through a series of drying chambers for about ten hours. Then the oily matter is pressed out, and the resulting dry, brown-colored powder is sold for manure, as it possesses some slight fertilizing powers.

An Escaped Leper.—James Brennan the leper, who has been confined at Quarantine Hospital for some time past made his escape from that institution during the middle part of August. He did this once before and voluntarily returned. This time he went directly to his home and family and the newspapers have been making a great deal out of a very small matter. The perennial question of his not being a leper has been again made the subject of more or less sensational articles and the result has been that Brennan once more resides in his old quarter at quarantine, having voluntarily returned.

He took his Fried.—A local physician tells the following story anent the Brown-Sequard "Elixir." A man about town, whose general condition was very bad, called upon the physician. It was at the time that the Brown-Sequard excitement was at its height. The ambitious son of *Æsculapius* anxious to try the new method, warmly suggested it to his victim. The patient had heard about it, but wished to know what it was. The doctor gave him an elaborate explanation of the technique which was listened to approvingly by the man about town. The latter, however, suddenly asked: "Doc, what is the stuff which you inject?" The doctor explained that he used the testicles of lambs only. "Excuse me, doc," said the patient, "but I think I'll take mine *fried!*" Before the astonished physician could explain, he was gone.

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Original Contributions.

SUMMER DIARRHOEA AND DYSENTERY IN CHILDREN. By N.
GUHMAN, M. D., St. Louis.

Before I commence to read my paper, I will ask your patience and indulgence if I wander somewhat from the title. I think the propriety of the digression will be apparent before I conclude.

During the summer months you are all aware of the prevalence of diarrhoea, dysentery, and disturbances of the gastro-intestinal canal. I will not take up your time in giving definitions of the terms, or in detailing the pathological and physiological changes which occur in the digestive organs in these diseases, as you will find these stated much better in your text-books than I can describe them to you.

What are its causes?

Atmospheric changes, heat, rainy and sultry weather warm during the day and cold at night, impure air and water, insufficient clothing; a badly nourished, fretful and over-worked mother or wet nurse; imprudence on the part of the mother or wet nurse in the selection of food and drink; over and too frequent feeding of indigestible food, or cooked food which has been kept too long, perhaps in a patent, unclean nursing bottle, with a rubber or glass tube attached to it, or which has been kept in an ice-box with various kinds of vegetables, meats, cheese and butter. I suppose most of you

have drank milk or water, or eaten butter which had been kept in an ice-box in which strawberries, raspberries or cantelopes had been stored away to be kept cool until used, and no doubt all of you have noticed the effect of placing such articles in the same ice-box. I look upon ice-boxes, in which there are placed all sorts of decomposing and fermenting articles, such as we generally keep for table use, as breeding boxes of bacteria and microbes and all kinds of germs. Of course, I am aware that we cannot have a separate ice-box for each kind of food we eat. Another point to which I desire to call your attention is the use of ice in drinking water. We should not put the ice in the water we drink. It is far preferable and less dangerous to cool the water by keeping it near the ice. You all know that all the ice is not as pure and clean as it should be. Ice-boxes need ventilation, and the use of care in selecting the articles which are placed in them as much as our dwellings. These points may be foreign to the title of my paper, but I consider them very important points for us to remember. I have no doubt that bacteria and microbes play an important part in these diseases.

Is dentition of children the only cause of diarrhoea and dysentery during the summer season? I doubt it. During the winter months the mothers come to your office with their babies and say: "My baby has a cold and the snuffles; it is teething through the lungs and nose," and they assume that this is the cause of the dysentery and diarrhoea; so that in summer they ascribe the trouble to dentition, and in winter to diseases of the respiratory organs. The question may be asked, may not the irritable and swollen condition of the gums which we see existing in some children, cause diarrhoea through a reflex action of the nervous system. If you take notice you will see that this condition of the gums occurs only where a child is broken down more or less from diarrhoea and deficient assimilation of food. You do not observe it in healthy children.

What are the varieties, symptoms and character of summer diarrhoeas and dysenteries, simple and inflammatory or dysenteric diarrhoea. The above mentioned causes may produce any of these troubles; it all depends on circumstances; in which direction it strikes. It may produce cholera infantum under certain conditions. I think these diseases are

closely allied to each other. In the beginning of the attack we first observe vomiting of indigestible food, curdled and cheesy milk. I suppose many of you have seen children vomiting a white, coagulated mass of cheesy material, tough like rubber, elongated and moulded by the cesophagus as long and thick as a thumb. It seems to me it would take some time for the formation of such a mass, and much longer to expel it from the stomach. The physician should be very careful not to make a mistake when he is called to a child which is vomiting or an empty retching, symptomatic of, caused by, or a forerunner of cerebro meningitis or other brain lesion, where the former is caused by local irritation, and the vomiting is easy with very little straining, while in the latter the effort of vomiting is preceded by a little hacking cough and retching, with vomiting of a little mucus or a yellowish green fluid, although you may have the same condition in acute gastritis. During vomiting, or immediately afterwards, you have an action of the bowels of indigestible food and fecal matter, of a more or less thin, white, greyish color, curdled and of an acid odor; or the discharges from the bowels may be of a greenish color intermixed with white lumps, casein. And then at last comes the dysenteric form, tenesmus with a little mucus and streaks of blood, or a yellowish, slimy mucus, with some fecal matter and blood, of an offensive odor. At this point I would draw your attention to cases which may occur in summer as well as in winter, where the child lies on its back, legs drawn up, with a continued straining, and passing nothing but red blood, mixed with a little mucus and no fecal matter, and with scarcely any odor. What might we expect in such a case? Probably an inverted or intussusception of the large or small bowel. It may be near the rectum, or higher up. If it is in the lower part of the bowel, we may be able, by a digital examination, to feel the inverted bowel in the lower part of the colon; if higher up, we might make our diagnosis with a flexible catheter or bougie, and if we are in doubt about our diagnosis, I would give the doubt the benefit.

What would be the treatment in such a case? First elevate the child's pelvis so as to favor gravitation towards the diaphragm and chest, and fill up the bowels with warm starch water, with a long or short flexible tube attached to a foun-

tain syringe according to the location of the obstruction, whether low or high up, or the inflation of air. If this is not successful, I would advise laparotomy, the same as in a grown person. I do not know why the operation should not be performed as well in a child as in an older person, although laparotomy is not often performed in children under such circumstances. We all know that a child in such a condition will die if not relieved, and I do not see why laparotomy is not as justifiable as tracheotomy in obstruction of the larynx. What treatment should we follow in case of diarrhoea and dysenteric diarrhoea? First remove the cause and make correction in the food and drinks. Do not overload the stomach. Let the child have plenty of fresh air. Medication should be very simple and mild, such as emollients, demulcents, ant-acids, antiseptics, and peptonoids in some forms. Be careful of opiates where you have fever or congestion of the conjunctiva, or the least indication of brain lesion. Astringents should hardly ever be used. I never derived any benefit from them, and I have always regretted their use when I employed them. If the fault is in the secretions, small doses of hyd-rarg. cum creta, or chloridum mite with lactopeptine, which will promote and stimulate the secretions of the digestive organs. If the diarrhoea is of an acid odor, diluted lime-water, bi-carbonate of soda with the chalk mixture; and if there is any indication for an antiseptic, I add some Listerine, carbolic acid or creosote. In inflammatory or dysenteric diarrhoea, if the stools are greenish, slimy, mixed with mucus and accompanied or preceded with pain and tenesmus, my favorite remedy is lactopeptine added to a castor oil emulsion, with a little paregoric or McMunn's elixir of opium; if not contraindicated, warm cloths, or hop and flaxseed poultices to the abdomen. I always give my little patients enough to drink. I instruct the nurse to get a large piece of ice, wrapped in a blanket, put it in a large dish and keep it in the sick room, so as not to require them to run up and down stairs to the clean ice-box, which I have described before. I order the medicine, if it is fluid, lime-water, some good whisky or brandy, also a soda bottle full of rice, gum arabic and barley water in the dish to keep it cool. I always make it a rule, if possible to look at the stools before I prescribe. If they come to my office, I require them to bring the

last two diapers with them. I prefer to look at them myself rather than get an imperfect description from the mother or nurse. They will not tell you of the indigestible food, such as potatoes, meat, apples and all kinds of seeds from fruits. They very readily tell you the child is no better, and the medicine did not do any good. Hold up the diaper and ask the mother if she carried out your instructions. Of course she will excuse herself; say that the child picked it up from the table, or got it from its little brothers or sisters.

Gentlemen, you are all aware that we have not so many cases of summer diarrhoeas and dysenteries, or any other disease, now as we had in former times. Why? Because the public is better educated in hygienes, they occupy better houses and more rooms; our cities are better sewered and drained and sanitation is better in our large cities than elsewhere. There is more cleanliness all around.

Since writing my paper, I read the report made by Dr. Henry Tompkins, before the British Medical Association in Glasgow, on Bacteriological Researches in connection with summer diarrhoea, as he had studied it in the town of Leicester, where he resided, and published in the British Medical Journal, August 25th, 1888. It will be very interesting to all of you, and I have no doubt that we will all profit by it, and if the Chairman will allow me to read it, I will do so:

“ Bacteriological Researches in Connection with Summer Diarrhoea. (*British Medical Journal*, August 25, 1888). Dr. Henry Tompkins brought this matter before the British Medical Association at its recent meeting in Glasgow. He alluded more particularly to the subject as he had studied it in the town of Leicester, where he resided.

“ In approaching the subject two facts were to be borne in mind—(1), that all diarrhoeas, not some diarrhoeas, were often only a symptom of varied morbid conditions, as pointed out at the Cardiff meeting of the British Medical Association by Dr. Vacher; but, after all due allowance made, there undoubtedly remained a large residue of cases of a specific or special nature, constituting a disease *per se*, as much so as true Asiatic cholera; (2), that that disease was not a disease of infancy or early childhood only, or even for the greater part. Exact observation showed that the bulk of sufferers from it where it prevailed were of more mature years, though, owing to the

mortality occurring almost exclusively amongst young children, this fact had often been overlooked. Of all English towns, Leicester was, par excellence, the home of this disease, if its mortality was to be taken as a true criterion of its prevalence. During the past three years, since holding the office of Medical Officer of Health there, Dr. Tomkins had paid special attention to the subject. It was easy to disprove that many of the reputed cases gave no satisfactory explanation of the disease. Many of these affect only the infantile population, and affect these more or less throughout the whole town, whereas the prevalence of the disease was confined to certain well-defined low-lying districts of the town and affected all ages and occupations, etc., within those districts. The cause must be something common to every resident within those districts, which something was apparently absent in other parts of the borough. The only things or conditions common to all were food supplies, water and air. The two former were the same throughout the whole town. There remained, therefore, only the air. During the past three years Dr. Tomkins had undertaken a large series of observations on the air, with special reference to the microbic forms of life contained therein. The general result showed that the air of the diarrhoea district of the town contained three to six times as many micro-organisms or their germs, as the air of the non-affected districts. These microbes (or certain of them) grew in a distinctive manner when artificially cultivated, and were capable of producing diarrhoea, or perhaps, more correctly speaking, the products of their artificial cultivation were capable of producing diarrhoea in the human subject. At present Dr. Tomkins was endeavoring to isolate and single out the particular form or forms which were most concerned in this. The organisms and growths obtained from various tissues, organs and intestines in fatal cases of diarrhoea gave like results. A very probable explanation of the undue prevalence of diarrhoea in Leicester, or rather in certain parts of the town, was found in this excess of aerial microbes and germs, and this excess might be satisfactorily accounted for in the following way: Since 1850 (from which date the prevalence of diarrhoea appeared to have commenced and increased) the whole of the area of the "diarrhoea district" of the town had been subjected to a pollution with organic filth more or less of

an excremental character. This, acted upon by the heat of the summer sun, amply sufficed for an enormous production of bacteria. Imperfect and filthy sewers, containing much deposit, in the same way contributed to like results. Meteorological observations during the summer months of 1885, 1886, 1887, showed that as soon as the earth at a depth of one foot reached about 62° F., the disease broke out. At the time of writing (July 23d, 1888) this subsoil temperature had not yet been reached, and the outbreak had not yet commenced for this year. In addition to the need for more exact isolation and identification of the "diarrhoea microbe," it was of equal importance to study how this and other bacteria acted in producing disease, whether it was probable by the production of some poisonous material of an alkaloid character, such as ptomaines or leucomaines. These inquiries were of supreme importance to physician and clinical observer as well as hygienist, but could hardly be expected to be carried out by an ordinary health officer, with multifarious routine duties to attend to. Such questions as these required the whole time and attention of specialists."

Gentlemen, I thank you for your indulgence and the patience which you have given to me.

ULCERS—A CLINICAL LECTURE. By PINCKNEY FRENCH, M. D.,
Adjunct Prof. of Principles and Practice of Surgery, St.
Louis College of Physicians and Surgeons. Reported by
undergraduate, R. W. O'Bannon.

GENTLEMEN:—This woman, who is 56 years old and a resident of the city, invites our attention to a subject of interest to all practical surgeons, and especially to young men like yourselves who contemplate the making and extending of reputations by effecting speedy and permanent cures. The diagnosis in this case will not be difficult to those of the class who have spent the winter here, as such cases frequent our college dispensaries. We call your attention first to the varicose, or dilated state of the superficial veins of one of the lower extremities, due to a local retardation of the venous circulation at this point. This condition is common in pregnant

females. Just below we find small livid tumors, without pulsation or thrill, which disappear upon pressure. These are dilated tortuous veins. The limb, you observe, is slightly oedematous, and just above the ankle we find three sores or ulcers. These present all the characteristics of a varicose ulcer—they are exceedingly indolent and callous. We define ulcer as a solution of continuity: An inflammatory process by which molecular death of the part involved takes place. It may occur upon any part of the body, externally and internally. The causes of ulcers are both local and constitutional. The most frequent local causes are, injury, violence and the application of heat and cold; by these means the vitality of a given portion of the soft structure is interfered with and ulceration takes place. Any local means which disturbs the circulation, like garters and varicose veins, etc., will favor the development of an ulcer. There are three general or constitutional causes, all having reference to the blood of our patient. Either there is insufficient blood supply to the part affected, or if the quantity is normal the quality is poor and impoverished, or there is some obstruction or disturbance in the circulation of the blood in the part, due to some special constitutional condition. You notice that these ulcers are situated upon the front part of the leg. This is their common location. This portion of the limb is unusually exposed to injury among the laboring people, and this, with want of cleanliness, intemperate habits and insufficient food among people beyond middle life, makes the occurrence of ulcers in this region quite frequent. In this case, however, the ulcers are due to enlarged superficial veins by which a stasis of blood took place, followed by innutrition and death of the tissues, producing the deep excavated sores which you see. We want to remind you of the fact that every ulcer which occurs upon a varicose limb is not by any means a varicose ulcer. The blood often flows perfectly through vessels which are tortuous and much dilated. If, however, there appears oedema of the connective tissues and infiltration of exudation, you may attribute the ulcer to the varicose condition of the veins; but in the absence of oedema and other evidences of retarded circulation, the occurrence of an ulcer upon a limb having varicose veins, is a mere coincidence. Occasionally a varicose vein ruptures and the opening thus made may become the seat of ulceration.

even without the œdema just mentioned, and this fact must be borne in mind when you consider the causes and pathology of ulcers. By close inspection and touch you will find the tissues immediately surrounding the ulcers in this case hardened and dense, or what is termed indurated, an evidence that the ulcer has existed for a long period of time. Such a disease readily yields to a proper course of treatment, but as a general thing these people, who belong to the laboring classes, will not follow the instructions of the surgeon, and the rest, that is so essential to speedy cures, they are unable to obtain. In addition to this, they are neglectful about cleanliness and permit the secretions to accumulate upon the clothing to irritate the sore, and again it is injured afresh from time to time; and as the disease does not completely disable them, or interfere seriously with their occupations, this mode of attention, or rather want of attention, goes on from year to year. As treatment in this case we will instruct our patient to take all the rest consistent with her duties as a housekeeper, and to apply to the limb each evening for six or eight days, a thick flaxseed poultice sufficiently long to entirely encircle the limb. This will remove the induration and better prepare the parts for healthy granulation. The application of an elastic bandage or stocking so as to secure uniform support by pressure to the venous circulation will not only effect a speedy cure but is necessary to prevent a recurrence of the trouble. This is our chief reliance in varicose ulcer, but as the lady is not able to purchase either, what shall be done? Apply a roller flannel bandage, about two inches in width and from fifteen to eighteen feet long—beginning over the metatarsal bones and going upward—being careful to make uniform pressure throughout. Over each ulcer, before bandaging, place a small piece of linen which has been well soaked in carbolized vaseline. The patient will be requested to remove this bandage on retiring at night and to replace it before rising the following morning. It is only necessary to apply the bandage so tight that it will retain its position on the limb after the patient rises, the increase in the size of the limb due to increased flow of blood will make the bandage tighter but not uncomfortable. It will rarely be necessary to resort to skin-grafting in these cases, and the practice of elevating the foot of the bed, to assist by gravitation the return of the venous

blood, is more fanciful than advantageous. The general system may be improved by the judicious use of iron and strychnine, and a very good remedy in cases of this kind is tinct. digitalis, given in eight or ten drop doses three times daily. This will give tone to the heart, and will materially strengthen the general circulation. The wearing of an elastic stocking will prevent a recurrence of this disease, and in its absence it will be necessary to keep up the use of the flannel bandage for an indefinite period. We are disposed to devote the remainder of the hour to a discussion of the different varieties of ulcers. Of the specific ulcer, such as the syphilitic and others, we will not speak, neither will we consider those ulcers affecting the alimentary tract or air passages. Other instructors will describe these varieties, and hence we will now only consider the superficial—specific ulcers.

There are six or seven varieties of this form of ulcers, which simply indicate the stage of, or present condition of the ulcer.

For example, when death of the superficial tissues, including the skin, takes place as the result of an injury, the tissues involved are thrown off leaving a healthy granulating surface that is bathed with a healthy pus, which is of an oily feel and a cream color; and, all conditions being favorable for a rapid healing process, it is termed a simple or healthy ulcer. When from any cause an ulcer of this kind becomes inflamed during the progress of the healing, and the discharge is changed to a thin, bloody fluid, the parts becoming hot, swollen, and painful, it is termed an "inflamed ulcer," or what some authors are pleased to call a "phlegmonous ulcer." If our patient is weak and depleted in vitality, the hot and painful margins of the last-mentioned ulcer will most likely break down rapidly, and you will then have a "sloughing," or what is termed by some a "phagedenic ulcer." After the destructive process of ulceration has ceased, and granulations appear which are unhealthy, flabby, devoid of sensibility, and very weak, and rather abundant, it receives the name of "weak or oedematous ulcer." When a simple ulcer occurs in a very nervous subject, or when the destructive process has destroyed a nerve sheath, thereby exposing the peripheral fibre of the nerve itself, the ulcer sometimes becomes very sensitive and painful, and hence is called a "neuralgic, pain-

ful, or irritable ulcer." A simple ulcer, by want of cleanliness—neglect about accumulated secretions—irritation from clothing—repeated injuries and by existing from year to year, becomes dusky in color, of feeble circulation, cedematous and chronically infiltrated is then termed an "indolent or callous" ulcer. An ulcer occurring in a patient who is of a scorbutic or hæmorrhagic diathesis, or when the blood supply is so abundant as to produce excessive action as shown in forming granulations too rapidly, we have a hæmorrhagic tendency and the sore is, therefore, termed a "hæmorrhagic ulcer." So, gentlemen, you see by what we have already said, that the name which is applied to an ulcer has reference more particularly to its condition, than to its cause or pathology. From a clinical standpoint, we have only two classes of ulcers—the acute and chronic; and, of the latter class, the weak or cedematous ulcer must not be confounded with some of the forms of cancerous disease. The fungous mass of granulating tissue which sometimes appears in these cases may create a suspicion in your minds as to its malignancy. You will have little difficulty in coming to a correct conclusion if you will only remember the practical points that we will mention. First, fungous granulations nearly always spring from ulcers which are situated upon joints or tendons. Second, to the touch they are soft and velvety; on the other hand, malignant growths usually occupy other situations, and the mass resembling granulation tissue is of a firm, dense feel, and is not affected by constant pressure as is the case with the fungous mass of the ulcers. With this exception, the exercise of ordinary care will enable you to correctly diagnose these diseases.

With respect to the treatment of ulcers, we invite your attention to a fact that is of practical value in estimating the length of time required to effect a cure and the amount of disfigurement that will result. If the ulcer is situated upon loose connective tissue, as in the neck or other portions of the body where the blood supply is abundant, the healing process will be rapid and the scar left will be quite small. If, on the contrary, the ulcer be situated upon the shin bone, where the structures beneath are solid and unyielding, and where the blood supply is limited, the process of cicatrization will be tardy, and the scar left large and unsightly. In the first

case, the loose tissue permits the borrowing of the skin necessary for rapid healing from the surrounding parts; while, in the latter, the healing depends wholly upon new material formed by granulation to fill up the gap. In the case of a healthy ulcer, nothing more is required than cleanliness and protection to effect a speedy cure. This is accomplished by the prudent use of antiseptics and proper dressings. When, however, we speak of the chronic variety, in the various conditions of which we have spoken, a different course is requisite to effect permanent relief, and one of four means or methods is generally adopted for bringing about a condition of the ulcer that is favorable for a healing process, and one that facilitates the process of cicatrization after healthy granulations have been established. The first means are blisters, elastic bandages, incisions, and strapping. The last is skin grafting. The application of a blister to an ulcer is based upon Indian philosophy, that the sore would not heal but the burn or blister would. The blister excites inflammation of a more active character, and thus favors repair. The infiltration of serum has caused the callous and indurated condition about the ulcer, and the blister furnishes an outlet through the skin by which the serum is drained off and the induration lessened. The benefit you may expect is a more healthy reparative process and more speedy union. When other measures fail, you apply the blister. Make it large enough to cover the ulcer and all surrounding tissues which are indurated or hardened, and allow it to remain on the limb from six to eight hours. After its removal, dress antiseptically with carbolized cosmoline and borated cotton, and bathe the wound daily with a solution of boracic acid, ten grains to the ounce of water. This kind of treatment is especially adapted to an old and inveterate sore, and the preparatory treatment of a hot bath or flax-seed poultice is not required. A very successful and easy way to encourage the growth of granulations in indolent ulcers is the application of adhesive plaster cut into strips about an inch wide and fifteen inches long, and passed around the limb from behind having the ends to cross each other obliquely upon the surface of the ulcer, and in opposite directions. Commence an inch or two below the lower margin of the ulcer, lapping each strip about one-third of its width, and go upward until the sore is completely

covered. Over this place a piece of borated cotton and a roller bandage. The last should be replaced every day, but the adhesive strips need not be disturbed until they become more or less soaked with the secretions and thereby loosened, when they should be removed and fresh ones applied. Two practical points to observe in this plan of treatment to ensure success—one is the provision for drainage made by cutting holes at the lower margin of each strip, and the other the moistening of the strips with spirits of turpentine to make them perfectly and quickly adhesive. It is always better to preface this treatment with the warm water bath or poulticing referred to a few moments ago. When the surrounding tissues of an ulcer of long standing become very hard and unyielding, you may make several incisions parallel to the margins of the ulcer and about three-fourths of an inch therefrom, so that the vessels that lead directly to the ulcer will not be severed, and sufficiently deep to penetrate the connective tissue beneath the skin. This plan permits the discharge of the infiltrated serum and the sliding of the skin towards the ulcer, both of which are favorable to a healing process. I will show you upon the blackboard the manner of these incisions. The opening made by the incisions are kept well filled with borated cotton in order to make them repair by granulation. This treatment is followed by the dressing and antiseptics mentioned in connection with the blisters. The fourth and last means that I will mention for the successful treatment of indolent or chronic ulcers, is the application of the rubber bandage. It is usually made of pure rubber, about three inches wide and ten feet long, for a very large person, the length may be increased to fifteen feet. It is applied by beginning over the instep and sole of the foot and then up the leg in a spiral way as high as is desirable. Your patients are instructed to apply the bandage to the limb while in bed, and just tight enough to retain its position on the limb. Direct them to remove the bandage at bed-time, wipe it and the limb dry. Place over the ulcers a small piece of old cotton muslin smeared with vaseline, and cover with a loosely applied roller bandage. No bathing or poulticing need precede this form of treatment. Its *modus operandi* is that it supports the distended and weak blood vessels by gentle and even pressure, and hence the form of ulcer which yields readily

and promptly to this treatment is what has been described to you as a varicose ulcer, although you will find it a most excellent remedy in all forms of indolent and callous ulcers. We are indebted to Dr H. A. Martin, of Mass., for an accurate account of the value and use of the rubber bandage in the treatment of ulcers, given ten years ago. The elastic stocking, now much used, acts in the same manner as the bandage. It is made either of cotton elastic or silk elastic, and when made from accurate measurements is an excellent and neat way of securing the necessary support and pressure to bloodvessels. After using the means suggested till the surface of the ulcer has been placed in a proper granulating condition, you may adopt the method of skin-grafting, and thereby hasten the healing process. The important fact that a small piece of skin could be placed upon a granulating surface, and that it may become the centre of a new skin growth was first announced by Professor Hamilton in 1854. The method had succeeded in a case under his care. Some fifteen years later, physicians in Europe published successful cases; and, a year or so later, the late Dr. Hodgen of this city conducted some experiments which yielded excellent results. Subsequent to this, Drs. Bribach and Studer, who were connected with our City Hospital, tested the accuracy of this method, and, be it said to the credit of the profession of our city, did much to enlarge and disseminate a correct understanding of the treatment. In order to be successful in skin-grafting, you must first place the granulating surface in a proper condition, and I mean by this a surface free from dead tissue, and with a scanty discharge and small regular granulations. If the ulcer surface is covered by large granulations which bleed upon the merest touch, and from which there is a copious flow, you may not expect success to follow your efforts at skin-grafting. In other words, you must make the granulating surface healthy and favorable to healing before you apply grafts. As grafts, you may use small bits of cuticle (taken from any part of the body, free from a heavy growth of hair), arranged in rows or at regular intervals across the surface of the ulcer, or dry epidermic scales, scraped from the sole of the foot and sprinkled over the surface of the ulcer. More recently, some of our German friends are using strips of very narrow skin, say a line or two in width, and

ranging them in rows across the ulcer's surface. The dressing and after management will have a great deal to do with the success of your operations. If bits or strips of skin are used cover them with small strips of sheet gutta-percha, cut just wide enough to completely cover the grafts, and made long enough to lap an inch beyond each margin of the ulcer. Moisten the extra inch at each end with sulphuric ether, to cause it to adhere to the sound skin, over this place a layer of borated cotton covered by a loosely applied roller bandage. Renew the cotton every day, but do not disturb the strips for about a week, at which time the grafts should be firmly adhered. If the dry scales are used, you must use a sheet of gutta-percha to cover them—have it sufficiently large to overlap the ulcer's margins, and thereby made secure, and have cut into it many small openings to permit the escape of the discharge, or your operation will fail. If the surface of the ulcer is put into a proper condition, and care is taken with the dressing and after-management of the case, the method rarely fails, and you will note with pleasure the healing of a large ulcer in from ten to fifteen days.

CÆCETIS OR APPENDICTIS. By N. BRUCE CARSON, M. D.,
St. Louis.

“It appears that even the most systematic writers are by no means agreed as to the exact relation of inflammation of the cæcum, and that of the appendix to peritonitis and perityphlitis.”

Since the above was written, the subject has been brought so prominently before the profession, by the reports of many cases, and writings and discussions of the subject, that it may be truly said that it is to-day, one of the most thoroughly discussed and best understood of any in surgery.

The nomenclature is still obscure, and made so perhaps, by the effort that is being made to make it clear. The terms typhlitis, perityphlitis, and paratyphlitis, as advised by Musser, and appendicular peritonitis, as suggested by Fitz, are apt to confuse the ordinary practitioner, and set him adrift as to the real nature of the disease.

Ordinarily, the term *typhlitis* is used to express all inflammations occurring in the right iliac region, regardless of the part involved, or the character of the inflammation.

By far the most scientific nomenclature applied to this subject is that of Greig Smith in his recent work on abdominal surgery, for the reason that it is founded upon a true pathological and anatomical basis, and at once explains the nature of the disease and its situation, while at the same time it is perfectly simple.

Musser thinks that most of us will agree with Fagge, that *typhlitis* is a good general term for all varieties of inflammations, occurring in the right iliac fossa, but that in the majority of cases, the term should be *appendicitis*, and unless we want to be general, and use one term for all inflammations in this region, I think the term is well applied. But if we would be more particular in localizing the part involved, the terms *cæcitis*, *colitis*, or *perforating-appendicitis*, used by Greig Smith, are by far the most clear and scientific, for the reason heretofore given, and because they enable us to locate the disease exactly.

This is of little value in diagnosis, as until the abdomen has been opened, either in the operating or post-mortem room, it is impossible to exactly locate the disease, and say that we have *cæcitis*, *colitis*, or *appendicitis* to deal with ; the symptoms in all cases so closely resembling each other as to render a differentiate impossible.

That there is any cellular tissue in the *cæcum* and *appendix*, is denied by Treeves, and that therefore the terms *peri-* and *paratyphlitis* are misnomers.

The disease always begins in the cavity of the part, as a catarrhal inflammation, whether it is from a *foecal impaction*, or from the irritation caused by foreign bodies, and extends outward, involving the coats of the bowel successively.

The disease, undoubtedly has its origin most frequently in the *appendix*—over 70%—but that the *cæcum* is as seldom the seat of the disease as we are led to believe by some writers, my experience does not verify. I have had in my own practice four cases, wherein the *colon* once, and the *cæcum* twice were involved, and one case doubtful as to the exact location of the perforation.

In one case the opening, as nearly as could be made out, was between the mesenteric folds of the cæcum, the pus burrowing between the folds of the mesentery, down behind the broad ligament, and forming a cavity by the side of the uterus, holding several ounces of pus and gas. The true nature of the trouble was not certainly diagnosed until the cavity of the abscess was opened. It was supposed to have been an inflamed hæmatocèle, on account of its sudden advent, position, etc., followed by fever. Upon opening into the cavity a quantity of very offensive pus and gas with some small concretions about the size of a grape seed, came out. These, however, were faecal concrements. The finger introduced into the above cavity could readily reach behind the cæcum, but could find no opening.

Another case was one of tubercular perforation of the colon. Here the perforation was high up in the bowel, and burrowed down, forming a distinct tumor in the right iliac region, and pointing below Poupart's ligament. This abscess I opened several different times, at varying intervals, discharging, each time, a quantity of very offensive gas and pus. The post-mortem showed the lower part of the ileum contracted almost to a cord, and the colon perforated as indicated above.

The next case was a boy thirteen years of age. Here was an opening in the lower end of the cæcum into which the finger could be readily passed. This opened into a large cavity, which contained at least a pint of grape seeds. Here the appendix was not perforated, but was involved in the general inflammation.

The fourth case in which the exact condition is uncertain, and is only referred to have been a perforation of the cæcum, or colon, I saw several years ago. There was then a very hard tumor, about the size and shape of a large sweet potato, springing from the right side of the ilium outside of the peritoneum.

There was no sign of inflammation, and no history to lead us to suppose it was anything else than a malignant growth, and so told the patient, advising him to return to his home. Nearly a year later the tumor burst and discharged a large quantity of very offensive gas and pus. So offensive, indeed, that it drove everyone from the room. From the fact that the tumor was outside of the peritoneum, and from its situation, and the nature of its contents, as described by those present

when the tumor opened, I am led to conclude that the perforation was in the bowel — most likely the cæcum.

There is one form of cæcitis which can be easily diagnosed, that is, the form due to faecal impaction. Here the trouble can be readily recognized, and under proper treatment, the tumor made to disappear.

According to Toft, one out of every three post-mortems, show the appendix, at some time during the life of the individual, to have been the seat of inflammation. From personal observation, and careful inquiry among my friends connected with institutions where many post-mortems are made, and records in some carefully kept, I am inclined to believe that the estimate given above is by far too large. Out of thirty-five (35) post-mortems at our city hospital in which observations were made at my request, in no instance was the appendix affected.

I am also well satisfied that foreign bodies, such as shot, lead, hair, seed and faecal concretions, can seldom be found in the appendix, without causing more or less disturbance. In quite a number of cases examined for me, in but one was either foreign bodies, or concretions found.

For convenience I will divide inflammations, involving this part, into two classes—first, those in which inflammation ends in resolution; and second, those which terminate in suppuration and perforation.

The second class can again be divided into two subdivisions. (a) those which result in the formation of an abscess cavity, into which the perforation opens, and (b) those which open directly into the peritoneum, and result in a general peritonitis.

In the first class the symptoms are the same as in the second, and just as sudden and severe; but after a few days end in resolution; the pain, the fullness, the fever, and all subsiding under proper treatment, which consists in the application of leeches, followed by hot fomentations, hot flaxseed tea injections, saline aperients, and morphine to allay pain, and liquid diet.

In the second class the onslaught of the disease is just as sudden and severe, but instead of the symptoms subsiding, they continue, and either end in a general, or limited peritonitis with abscess.

The disease begins as a catarrhal inflammation in the appendix. Out of 146 autopsies, Matterstock found 63 caused by faecal concretions, and 9 by foreign bodies. Out of 106 cases, R. Von Volkman, found 36 caused by faecal concretion, and 4 by foreign bodies.

The inflammation results in a narrowing of the opening of the appendix, according to Greig Smith, and prevents the backward escape of pus. As a result of this, a small perforation follows, and a few drops of putrid pus escape, which, in most cases, sets up an inflammation, which ends in the formation of an abscess cavity containing pus, gases, etc.

That the perforation comes first, and results in the formation of an abscess cavity, I very much doubt. It seems to me, much more likely, that the narrowing of the outlet of the appendix, is first caused by the inflammation, and that the gaseous and other contents of the organ permeate the inflamed tissues and make of it a septic body, and as such it causes an inflammation of the peritoneum, which in some cases results in the formation of an abscess surrounding the appendix. Perforation of this abscess, follows in a majority of cases, and if not relieved in time by surgical measures, may open either externally, into the rectum, into the bladder, or into any of the surrounding organs. In most cases so terminating, a return of the original trouble may be looked for, although I now call to mind one case in which the abscess opened externally, and the patient, to date, has had only one slight relapse, though the attack dates back many years.

The foreign body causing the trouble, may not be found, but my experience corresponds with that of those who assert that they generally find it in the cavity of the abscess—Fenwick found it in 55 out of 125 cases.

Cæcitis, and appendicitis properly belong to the surgeon and should be turned over to him as soon as recognized, so that he can observe the case closely, and be ready to operate when, in his judgment, the time comes for surgical interference, as the use of the knife in these cases, is acknowledged, almost without dispute, to be necessary if the symptoms do not subside in reasonable time.

“When should we operate,” is a question often asked. Given a patient with an appendicitis, and the symptoms continuing with unabated severity for three days—especially if

there were no evidences of circumscribed abscess resulting—as evidenced by the formation of a tumor—I would advise that the abdomen be opened, and the appendix examined, and if diseased, removed close up to the cæcum.

It has been my misfortune, in the past to have had, in my practice several cases in which the appendix has opened directly into the cavity of the peritoneum, with fatal results. One of these cases proved to me conclusively, the danger of delay, so that now when I am called to attend a case of appendicitis, I fear that I may advise an operation, where if let alone the trouble would disappear of itself.

In this case the severity of the acute attack subsided, and to all outward indications, the patient was progressing to a favorable termination, when, without any cause or warning, perforation resulted, and without rallying from the shock he died in a few hours.

In all cases, where the opening is directly into the peritoneum without the intervention of an adhesive inflammation, I have noticed that the collapse is extreme and without a single exception has quickly ended in death; so that if we would save our patient, we must operate before this accident results. Here true conservatism does not consist in the use of opiates and in waiting for developments; but in the prompt and fearless use of the knife—Here the old adage—"An ounce of prevention is worth a pound of cure,"—Yes, and five pounds of cure—is beautifully exemplified, as, by prompt action, many who would certainly perish by delaying, are saved. If abscess results, an operation is just as imperatively called for, as it may open into the peritoneum and end fatally unless the surgeon comes to the rescue.

Where should the opening be made—in the median line in the linea semi-lunaris—or over the abscess.

If the opening is in the peritoneal cavity, there is no question as to where the incision should be made. It should be free so as to expose thoroughly the entire cavity which should be well washed out with sterilized hot water—105°, and all adhesions between the intestines carefully broken up, and a large glass drainage tube introduced into the pelvic pouch.

When an abscess has already formed, I have found the opening made for the ligature of the external iliac artery the most convenient, unless it is situated very high. After wash-

ing the cavity thoroughly the appendix should be sought for and when found,—not always an easy task—should be removed. If it is adherent—as it is generally—the adhesion should be freed. It is sometimes impossible, without opening the peritoneal cavity to separate the appendix from its attachments—a condition I had to deal with recently—it should then be left in situ, as there is more danger in opening into the peritoneal cavity, than there is of faecal fistula resulting.

I have seen it advised by some operators to amputate the appendix close up to the cæcum, and with the Lembert suture close the opening. I have never seen a case in which this could have been done, as the peritoneum had always been so much softened, that it would not hold a suture.

After the cavity has been washed out, and the appendix disposed of, and one or more drainage tubes introduced the opening should be closed.

I cannot agree with those who advise the curetting of the abscess cavity, as the adhesions,—slight in many cases—may be broken through and the chances of recovery of the patient lessened.

THE SHUTTLE PULSE AND ITS PORTENT IN PRACTICE. Note of Suggestion and Inquiry by C. H. HUGHES, M. D., St. Louis.

There is a peculiar pulse which I have sometimes felt but never without a shudder, when felt in the radials of those whom I have loved—never without grave prognostic impression whenever perceived in any patient.

Have you ever felt it, reader, and if you have, what has it signified to you?

I mean the shuttle pulse, as I would call it; a pulse in which the pulse wave passes under your finger as if it were floating something solid as well as fluid—that something passes along the blood current under your finger like the weaver's shuttle through the loom.

I have felt it in cases only where the blood was hydæmic and a local rheumatic inflammation existed or had recently existed within the heart.

I have called it the "shuttle" pulse because I can liken it to nothing else and because the impression it makes suggests the name.

Have you felt it under these circumstances, or any other, and do you know a better name for it?

If you have ever felt this pulse, did you ever know of a patient recovering after its appearance? Did you ever know a patient after its appearance to escape the consequences of embolic closure of vessels? To me it is the pulse of fibrinous coagula going the rounds of the circulation. Its portent has ever been evil. It is a pulse of dark prognosis and painful memories—the pulse of impending death in part or whole. I think I have never known a patient to live after such a pulse has been detected. It is the pulse of fatal rheumatic endocarditis or endo arteritis and its sequent and associate anæmia and emboli.

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THE MISSISSIPPI VALLEY MEDICAL ASSOCIATION.

The last annual meeting of this Association held at Evansville, Ind., on September 10, 11 and 12 last, has marked an era in its history and, in addition, it has carried with it an important lesson. The meeting was an unequivocal success. A large attendance, numerous good papers, a prevalence of good humor and a large degree of interest, and work made it the success which it was. A more harmonious gathering could not have been imagined. There was no friction, none of those

little disagreeable incidents which but too frequently mar the enjoyment to be derived from gatherings of medical men.

There certainly must be a reason for this and therein lies the lesson, which the Association has given by its action. Since a number of years past the sessions have been reserved for the reading and discussion of papers, exclusively. All matters, legislative and not purely scientific, have been relegated to committees and an immense waste of valuable time has been thereby obviated. Not only this, but acrimonious debates, bad feeling and all those disagreeable incidents generally connected with discussions of such a nature, have had no opportunity to arise. The result of such a course was well exemplified at the last meeting of the Association. A large number of papers were read and discussed ; in fact, every one who had a paper to read was given an opportunity to do so, and two sessions each day were devoted to this purpose.

In the evening social entertainments reigned supreme and in such matters Evansville knows fully how to take care of visitors. There is not one who attended this meeting, we are certain, who will not be present at the next one to be held in Louisville. The attendance next year will be larger than this and the Association cannot but wax stronger in numbers when its methods become better known. It can be held up as an example, to older societies, whose usefulness has ceased and membership decreased on account of the persistence of those features, which cannot be found in the Mississippi Valley Medical Association.

Microscopy.

Dextrin Mucilage for Embedding.—For those who use the freezing microtome, it will be found useful, in the present high price of gum-arabic, to know that gum dextrin answers just as well as the latter, and costs only about one-fifteenth as much. Mr. T. L. Webb writes upon this point to the *Provincial Medical Journal*, as follows :—"I find that by making an aqueous solution of carbolic acid (about 1 part of the acid to 40 parts of water) and dissolving therein sufficient dextrin to make a thick syrup, a medium is ob-

tained which is superior to the time-honored gum and sugar in three ways. It freezes so as to give a firm support without becoming too hard; it keeps better than gum, in which several kinds of fungi are apt to grow; and it is much cheaper, costing only about fourpence (8 cents.) per pound, while powdered gum accacia costs five shillings (\$1.25.) Dextrin dissolves but slowly in cold water, so that a gentle heat is advisable when making the mucilage."

Cuccati's Carmine Solution for Extemporaneous Picro-Carmine Staining.—Dr. Giovanni Cuccati gives the formula in the *Zeitschrift für Wissenschaftliche Mikroskopie*, for a solution of carmine which he uses in connection with a saturated solution of picrate of ammonium in staining sections, etc., where picro-carmine effects are desired, and which can, at the same time, be used as a simple carmine stain. The solution is prepared by dissolving 20 grams of sodium carbonate in 100 cubic centimeters of water, adding thereto 5 grams of Grubler's pulverized carmine, mixing well and bringing to a boil. When ebullition has been effected, the capsule is removed from the fire and 30 grams of absolute alcohol added. After cooling, the solution is filtered and immediately mixed with 300 grams of water previously acidulated with 8 cubic centimeters of acetic acid, and finally 2 grams of chloral hydrate are added and dissolved in the mixture. The ammonium picrate solution is made by first moistening picroic acid with sufficient ammonia to make a thin paste, and adding sufficient cold distilled water to nearly but not quite dissolve the mixture. In staining, equal parts of the two solutions are used.

Improved Method of Staining *Bacillus Tuberculi*.—The following modification of Von Kühne's method is given in the *Centralblatt für Bakteriologie und Parasiten-Kunde*. The staining agent is hexamethyl violet, or the so-called crystal violet, and the ground or contrast stain, eosin. The first is prepared by dissolving 1 part of the violet in 30 parts of alcohol of 95°. This is the stock solution. In staining, it is added drop by drop to a 1 per cent. solution of ammonium carbonate until a drop of the mixture placed on white filter paper gives a deep violet stain. It must be kept at the boiling temperature during the entire operation of staining.

Cover glass preparations of sputum, etc., should not be allowed to remain it longer than one minute. Decolorize in 10 per cent. nitric acid for four or five seconds. Wash in 95 per cent. alcohol, and counter-stain in

Eosin.....	1 Gm.
Alcohol (60°).....	100 C. c.

Stain for half a minute in the cold; dry and mount in xylol balsam.

For sections: Stain one minute; decolorize in 25 per cent. nitric acid; wash in alcohol; counter-stain in eosin, and mount as before. This method, besides being rapid, is said to produce brilliant preparations.

Staining and Mounting of Elements which have been treated with Caustic Potash or Nitric Acid.—At the Buffalo meeting of the American Society of Microscopists, a communication was read on this subject from Professor Simon H. Gage and Mrs. S. P. Gage of Cornell University. The main features of the technique of mounting histological element, which have been treated, during the process of isolations with either nitric acid or potassium hydrate, is as follows:—

When nitric acid has been the agent in isolating the elements, the first step is to soak the latter in water, to remove all traces of free acid; then transfer to a slip of glass in which has been placed a drop of picrated glycerin. Separate or arrange the fibres, and remove excess of glycerin with blotting paper. If desired to stain, place in Koch's red tubercle bacillus stain (dilute), and leave for twelve hours, remove to a slip containing alcohol of 20°; replace latter by alcohol of 50°, and finally of 90°; clear, and fix with clove-oil collodion and mount in Canada balsam. If it is not desired to mount the object at once, it can be placed in saturated alum water after removal of the glycerin, afterward stained with hæmatoxylin and mounted in any way desired.

Where caustic potash has been used as the isolating material the latter may be neutralized by the use of a 60 per cent. solution of acetate of potassium. There should be a plentiful supply of the neutralizing agent used, changing the charge two or three times. After pouring it off for the last time, wash with plenty of a saturated aqueous solution of alum, stain with alum carmine, or hæmatoxylin, and mount as desired.

F. L. J.

Dermatology and Genito-Urinary Diseases.

Crab-Lice in the Eyelashes.—This curious condition is one seen more often by the oculist than by the dermatologist. In children the crab-louse is limited to the eyelashes and eyebrows. Dr. J. M. Winfield reports four cases of this rare condition to the *Journal of Cutaneous and Genito-Urinary Diseases*. They all occurred in children, whose ages varied from two to eight years. The rarity of the affection may be inferred when it is stated that two cases were observed in 20,000 cases of skin diseases, and five in 50,000 eye cases. The reason that the crab-louse chooses this peculiar habitat in children is probably because the cilia are the only angular hairs on the body at such an early age. In the adult, of course, the pubes, chest, axillæ, etc., are furnished with good pilary resting places for the parasite.

Cultivation of Ringworm Fungus.—Mr. H. Leslie Roberts has made some experiments in the artificial cultivation of the ringworm fungus (*British Journal of Dermatologie*) and he concludes that it is a fungus able to vary its form and activity according to the physical and chemical properties of the soil in which it grows. When this soil is solid and of a nitrogenous constitution, nothing more than a thallus or mycelial trichophyton is developed, incapable of growing in cutaneous tissues. When, however, a thin medium, especially one of a saccharine constitution is selected, we cultivate the same fungus into a fine septate thallus with special organs of fructification capable of growing both in human and animal skin, and thereby occasioning the disease known as ringworm. These new facts solve the previous difficulty why trichophyton never develops special fructification organs in the epithelium of the skin.

Case of Elephantiasis.—A remarkable case of elephantiasis is described and figured by Dr. T. J. Bennett in *Daniel's Texas Medical Journal*. The patient is a negro female, aged 50, who weighs over 400 pounds. The disease began fifteen years ago near the ankles. Nearly the whole body is

affected now. The dimensions of the patient are as follows: Height, 5 feet, 3 inches; weight, 440 pounds; ankle, 26½

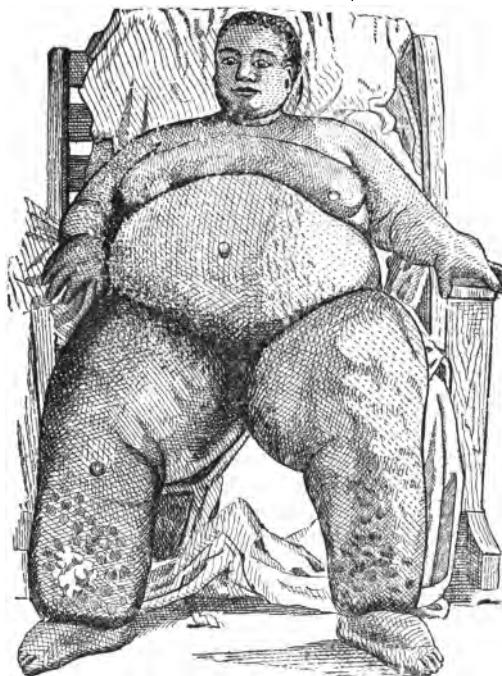


Fig. 18. Case of Elephantiasis.

inches in circumference; knee, 31½ inches; thigh, 46 inches; abdomen, 6 feet; largest part, 6 feet, 6½ inches. There are several ulcers on the anterior and posterior aspects of the legs.

Multiple Chancre of the Face.—M. J. Braquehaye records a very interesting case of multiple chancre of the face in the *Annales de la Polyclinique de Bordeaux*. A woman, of 24, married six months, observed a papule upon her left cheek. A fortnight later one appeared upon her chin a little to the left of the median line. A week later a third one appeared upon the lower lip, slightly to the right. When seen, a

month and a half after the appearance of the first lesion, a plaque apparently cicatricial, of the size of a silver twenty cent piece with a coppery raised border, was present on the left cheek. On the chin an elevated lesion, having a base, the size of a dime, existed. On the lower lip an elevation of the size of a pea, covered with a crust, which was thin and adherent, was observed. General symptoms of syphilis had already developed—alopecia, headache, roseola, laryngitis. Active treatment soon brought about a disappearance of the lesions.

Prurigo of Hebra.—H. Leloir and A. Tavernier have excised a number of the papules occurring in the prurigo of Hebra and the following is the result of their examination (*Annales de Dermatologie et de Syphiligraphie*): To define the exact nature of the disease is exceedingly difficult and can only be done negatively. The lesion appears to be a cyst cavity, developing in the malpighian body, increasing in volume, always having the rete mucosum or the intact horny layer for a roof and for a floor and sides the malpighian body, which has a tendency to cornify at its surface in the oldest lesions. Add to this that the cyst contains a clear liquid, a few altered epithelial cells, and rarely white blood corpuscles. There seems to exist a relation between the formation of this cyst and the excretory tubes of the sweat glands.

Varioliform Eruption due to Mercury.—The eruption was observed by Dr. Guelpa (*Journal des Maladies Cutanées et Syphilitiques*) in a primipara, who after parturition had been given bichloride vaginal injections on account of several cuts made in the perineum to facilitate labor. On the tenth day an eruption consisting of red macules lentil sized, well defined, disseminated and confluent, appeared upon the hands, forearms and feet. Some papules also were present. Upon exposing the patient the abdomen from the base of the thorax to the thighs was covered by a dense miliary eruption, showing fine red points. This, of course, clearly pointed to the origin of the trouble. This peculiar form of eruption due to mercury has not been previously recorded. O-D.

The International Dermatological Congress will hold its next meeting at Vienna.

Diseases of the Eye and Ear.

Persistent Headache Caused by Spasm of Accommodation, Relieved by Glasses.—Recently a young man, about twenty years old, called to see me by request of his physician in the country. He stated that he had suffered from a persistent and a severe headache for years, on account of which he has had to give up business entirely and avoid all efforts at reading. His general health was in apparently perfect condition, but the slightest use of his eyes in reading, writing or looking intently at anything close to him, caused uniformly a severe and continuous headache. The suffering did not cease as soon as he quit using his eyes, but continued for hours afterwards, frequently persisting through the night, preventing rest and sleep. His physician, naturally enough, thought that neuralgia constituted the basis of the suffering, and that this was greatly aggravated by the use of the eyes. Of course all kinds of heroic treatment for neuralgia were ordered and persisted in, but without the slightest benefit to the patient. Following this experience the patient was referred to me. By close questioning I learned that the severe suffering both accompanied and followed the use of the eyes, even for a short time, showing that the use of the eyes must be the direct cause of the headaches. This fact furnished a sufficient clue to the real nature of the trouble. While the use of the eyes may greatly aggravate a neuralgic condition, *it never excites neuralgia*. This is a fundamental principle, which renders a correct diagnosis in this class of cases comparatively easy. The facts cited enabled me to conclude at once that all the suffering was the result of spasm of accommodation and that neuralgia had no part in its causation. Although the suffering was so intense, vision continued more than perfect through it all. This was another evidence of persistent spasm of accommodation. The further fact that distant vision was extraordinarily good—even better than normal—proved that there could be no organic disease of the eyes or head. On testing the eyes for glasses I found that convex No. 24 seemed to suit him best. I had him sit and read the newspaper quite a while in my office and he reported that the “glasses seemed to ease

him greatly." I ordered the glasses and instructed him to put them on whenever he wished to read, write or look at any object that required close observation, and never use his eyes without them. After several days he returned to say that he could read comfortably as long as he pleased, if it were all day and all night too. He is now preparing to enter business again and to say that he is happy is putting it mildly.

A Case of Distortion of Objects by Disease of Retina.

—An elderly physician of this city has been short-sighted in one eye for many years. With this eye he has done all of his reading, the other eye being very amblyopic from some cause. Some weeks since the vision in the good eye became suddenly dim and at the same time the doctor noticed that objects were distorted. A man, standing erect, seemed to be curved, the extremities of the body being apparently drawn to one side, causing the body to assume a gradually curved or bowed form. All vertical objects presented the same phenomenon. The vision was greatly confused, but the doctor could see well enough to get around alone and attend to his business in a somewhat unsatisfactory way. When the eye was ophthalmoscoped quite a large haemorrhage was discovered exactly in the macula lutea. The extravasation, of course, occurred suddenly and caused all the trouble. The blood caused some displacement of the primary elements of vision (rods and bulbs) and the corresponding parts of an observed object would be proportionately displaced and cause the apparent distortion. This, I think, is the correct explanation of the phenomenon. I reported in the JOURNAL for August 1888, p. 105, the case of a man, who had received a severe blow on one eye, rupturing the retina and causing some haemorrhage. A most remarkable distortion followed this injury. As the patient walked the street the telegraph poles seemed to project horizontally across the way about as high as the head. He stated that he frequently found himself dodging for fear he would butt his head against one of these apparently horizontal poles! I have seen several other cases of a similar nature, wherein there was more or less distortion of objects. The foregoing explanation applies to all, whether idiopathic or traumatic. Since writing the above the doctor has called and says his vision is slowly improving and he thinks the distortion is less marked. The extravasation is

still present but has diminished in area. The center is still solidly black, showing that the extravasated blood is thick at that point.

How Early in Childhood Should we Operate on Cross-Eye?—This is an important question. Parents are constantly asking how soon they shall have the baby's eyes operated upon? The question has often been propounded to me and it is not always easy to answer it. As is usually the case, if the squint does not begin till the child is large enough to start to school or some time after it begins to use the eyes in study, the answer is not so difficult. Parents usually state that the child never squinted till it began to go to school. In such cases my advice is to wait until it is reasonably certain that the squint is permanent; then have the operation made promptly. Whether any treatment shall be instituted, in such cases, with the view of preventing the strabismus from becoming permanent, must depend upon circumstances. If the child has already squinted for weeks or months, it is too late to hope for beneficial results from any treatment other than operative. If, on the contrary, the child has just began to squint, proper glasses should be at once ordered and persistently used. Only in the very incipiency of the squint is it possible for glasses to accomplish anything. Squinting eyes are nearly always out of focus in some manner and should be enfocused as perfectly as possible on the earliest manifestation of the trouble. It is then, or never, so far as glasses are concerned. If the child be too young to be properly tested for glasses, or to wear them properly, the idea of any benefit from this source must be dismissed. Atropine, judiciously used, is the leading remedial agent in the management of incipient squints. Its good effects are due entirely to its power of relaxing the focusing power, which in these cases usually acts spasmically. Its proper use belongs to the testing operation for glasses. But what shall the answer be when the child is apparently born cross-eyed, or becomes so in early infancy, and where the use of glasses or any other treatment is out of the question? When should the operation be made in this class of cases? The same rule holds good here as with older children. As soon as it seems to be a settled fact that the squint is permanent, the operation should be made, whatever the age of the child may

be. Of course, the probable permanency of a squint can not be determined before the child is at least six months old. So I would advise that the operation should be made any time after the child is half a year old. If the squint is allowed to continue, the squinting eye is almost certain to become very amblyopic and the sooner the operation is made the greater the probability that the amblyopia will pass away or the defective eye come to. I do not believe that heretofore the profession has been operating early enough in this latter class of cases.

Hypermetropia the Cause of Strabismus.—I was recently consulted by a young lady whose eyes had been badly crossed, inward, ever since she could remember, and her mother thinks that the defect was congenital. One eye always stood straight while the other one turned very far towards the nose and would show a marked drawing, in addition to the permanent high degree of squint, whenever the patient focused with the other eye. The permanently squinting eye was very amblyopic—in fact nearly blind. A visible drawing, or increase of convergence, when the patient focuses the eyes by looking intently at a near object, is proof positive that quite a high degree of hypermetropia is present. The vision in the one eye was nearly perfect, but the use of the eyes caused more or less discomforting headache, and they easily tired; but there was no intense suffering as in the case of the young man mentioned elsewhere. I cut both internal recti at one sitting and had considerable trouble to get effect enough to bring them straight. At times they would stand, momentarily, nicely; then they would diverge and again converge. While seemingly at rest, one or the other eye would make a wide excursion outwards or inwards, and frequently upwards, and whenever the patient looked intently at a close object, both eyes would draw strongly inwards. All this unusual behavior I attributed to irregular and spasmodic action of the focusing power. I atropinized the eyes in order to quiet them and relax the focusing mechanism, and thus increase the effect of the operation and, at the same time, enable me to determine how much the eyes were out of focus and what glasses she needed. While I expected a high degree of hypermetropia I was surprised to find that

she required a No. 14 glass. Of course, the amblyopic eye was not at all improved in vision by the glass. As it is not advisable, in cases of complete relaxation of the focusing power, to give the full strength of glass needed, I gave her No. 16 glasses and asked her to wear them constantly for the present. This she is now doing. Later I will probably have her use them only when she reads, writes, sews, or does fine work of any kind. The final result I think will be good so far as position is concerned. The vision in the amblyopic eye has not improved in the least. The extreme degree of hypermetropia fully accounts for the strong drawing of the eyes in the act of focusing them and was the evident cause of the strabismus in this case. The patient no doubt was born very far-sighted and the eyes probably became crossed soon after birth, or in early childhood. It is not likely they were crossed before birth, because being out of focus could not influence their position while in utero. In such cases the necessarily strong tendency to extreme convergence begins as soon as the light enters the eyes. In a general way I wish to say in this connection that I am convinced that, with rare exceptions, hypermetropia is the primary cause of convergent strabismus. All the facts certainly warrant this conclusion, which, however, has recently been strongly, but in my opinion unsuccessfully, attacked. In that class of cases where non-identity of the retinæ is the primary cause of the squint, hypermetropia plays no important role in its causation.

A. D. WILLIAMS, M. D.

Excerpts from Russian, Polish and Bulgarian Journals.

Iodide of Potassium and Milk.—Dr. Blair has recently recommended (*Internationale Klinische Runlschau*, No. 14, 1889), cow's milk as an excellent vehicle for iodide of potassium, the former successfully disguising or correcting an unpleasant taste of the latter, while it does not interfere with the action of the iodide in any way. In the *Nowiny Lekarskie*, June, 1889, p. 308, Dr. B. Wicherkiwiz, of Poznan, the editor, says that he can fully endorse Dr. Blair's statements. For

the last ten years, he has been administering iodide of potassium invariably in the way stated.

Cocaine and Bismuth in Summer Diarrhoeas of Children.—In the Moscow weekly *Novosti Terapii*, No. 28, 1889, Dr. Miron M. Lichtermann, of Berezovka, warmly eulogizes the following combination as an excellent remedy for summer diarrhoea in nurslings, as well as in all children under seven years of age.

B Cocaini hydrochlorati .....	.....	gr. i.
Magisterii Bismuthi.....	.....	gr. xii.
M. F. pulvis. Div. in partes sequales. No. 6. Sig.	A powder	
every two hours.		

In older children, for two or three days, the dietary should be limited to a gruel made of Nestle's flour and milk. In infants, three or four powders are said to be sufficient for cutting short vomiting and (green) diarrhoea. No disagreeable effects from cocaine were ever observed (even in babies of one or two months.) Relapses occur but very rarely, and these are always easily traced to some errors in the patient's diet.

Cloudberries in Cardiac Neuroses.—In the St. Petersburg weekly *Vratch*, No. 24, 1889, p. 829, Dr. Vladimir F. Büshüeff, house physician to Professor D. I. Koshlakoff's Clinic, recommends cloudberries (*Rubus Chamæmorus*; Russ., *Moroshka*) as a very useful remedy for dyspnoea and cardiac palpitation of a nervous or functional origin, as well as of an organic one, in earlier stages of valvular disease without any disturbance of compensation. The author uses an infusion, administering it internally, a tablespoonful five or six times daily, for from three to seven successive days. The infusion is made in the following manner: From 10 to 30 grammes of dry calices of the cloudberries are poured over with 180 or 200 grammes of boiling water and left to stand in a warm place for two or three hours, after which the infusion is filtered through paper, and the filtrate mixed with water to make up 200 grammes. The preparation represents a clear, dark-red fluid, of a pleasant taste. The remedy is said to afford a rapid and striking relief of the symptoms indicated.

The cloudberries are largely used in the North Russian popular medicine as an excellent diuretic and diaphoretic, as

well as an anti-scorfulous, anti-scorbutic, and anti-febrile means. Some time ago, Professor Serghée A. Popoff, of St. Petersburg, succeeded in isolating their active principle, which is an amorphous acid body giving crystalline salts with alkalies, and possessing a powerful diuretic action. *Vide the London Medical Record*, June, 1886, p. 235—*Reporter*.

Olive Oil in Cholelithiasis—In the Moscow bi-weekly *Meditzinskoie Obozrenie*, No. 11, 1889, p. 1109, Dr. Nikolai S. Kishkin, house physician to Professor M. P. Tcherinoff's Clinic, writes that, following the recommendations of Drs. Kennedy, Touatre, Rosenberg, Zerner, and Chaufard, he has tried the internal administration of olive oil in the daily dose of from 400 to 600 grammes (taken from 130 to 200 grammes at a time) in four typical cases of hepatic or biliary colic. In none of the cases could the slightest relief be noticed. In one of them, referring to a woman of 60, who took 800 grammes of the oil in the course of two days; about 80 "greenish, softish, stone-like concretions" were discharged on the first day, their size varying from a pin's head to a walnut; while, on the next day, about four teacupfuls of similar bodies were found in the patient's fæces. A chemical analysis made by Professor A. D. Bülyginsky, showed that the would-be "gall-stones" consisted of free oleic, palmitic, and stearic acids, with a lime soap, but did not contain anything of cholesterine. Of the said acids, the oleic prevailed. The same concretions could be obtained on the administration of large doses of olive oil, from any patient with a scanty discharge of the bile into the intestines. In other words, the bodies have no relation whatever to gall-stones, but simply represent a product of the oil.

On the whole, Dr. Kishkin arrives at the conclusion that the "American method" of the treatment of gall-stones is altogether worthless.

On some Ukraine Methods of Treatment of Hydrophobia.—In the Voronej bi-weekly *Meditzinskaia Bëseda*, No. 12, 1889, p. 337, Dr. L. B. Weinberg describes various methods of treatment of hydrophobia as practized from time immemorial by the Ukraine (Little-Russian) peasantry. According to the people's pathological doctrines, hydrophobia is caused by a puriform virus developing in the bitten patient's sublingual

salivary glands. In every patient of the sort, they say, there are always detected multiple, cherry-red pimples ("puppies") situated under his tongue, and containing the virulent pus. When the pimples are left alone, the virus is swallowed by the patient, the result being a general infection of the system. Hence, to prevent the latter, the first indication is to puncture the pimples and thoroughly remove their contents, taking care that not a droplet can be swallowed by the patient. The operation is immediately followed by thoroughly washing out the mouth with a strong aqueous solution of kitchen salt (1 oz. to 1 fl. pound). The after-treatment consists in a prolonged systematic internal use of certain anti-hydrophobic herbs. They are *a. common dyer's genista or broom* (*Genista Tinctoria*; Russ., *drok*; Ukraine, *drik*). It is used in the form of a strong aqueous decoction of the herb with flowers, a tumblerful every morning and evening; *b. and c. Helenium* (*Inula Helenium*; Russ., *deviasil*), and *St. John's Wort* (*Hypericum*; Russ., *zvëroboi*, i.e., "beast-killer"), in equal parts. About 120 grammes of the herbs are put into an earthern pot and poured over with about $\frac{1}{2}$ litre of *vodka* (*aquavit.*) diluted with an equal part of water. The pot is then hermetically sealed with dough and placed in a very hot stove to stand for a night. The decoction is administered, a wineglassful three times daily—*d. Queen of the Meadows* (*Spiræa Ulmaria*; Russ., *jivokost.*) It is employed in the shape of a strong aqueous decoction, like the broom. It enjoys great favor, especially with the Poltava peasantry, and in 1845 was warmly recommended as an effective means for hydrophobia, by Dr. Kinünen. The former three herbs are mainly in vogue in the Voronej Government. Armed with the remedies stated, the Ukraine people regard hydrophobia as an easily curable, or rather preventable, disease. Pointing to the fact that people's medicine all over the world has already supplied its scientific sister with a number of important therapeutic means, Dr. Weinberg strongly recommends a careful experimental inquiry into the matter.

A "Hot" Treatment of Erysipelas.—In the Bulgarian bi-weekly, *Meditzinski Pregléd*, December, 1888, p. 225, Dr. Samson Z. Rabinovitch, of Berkova, highly recommends the following curious method of treatment of erysipelas, enjoying a great reputation in the Bulgarian and Turkish popular medicine.

The parts affected are covered with a wet piece of lint or rag. A piece of cotton-wool or a wick wound round a metallic probe, is dipped in some spirit of wine, lighted and kept waving over the whole region affected (and covered), until a burn or scald of the first degree takes place. The procedure is repeated three or four times daily. Dr. Rabinovitch has tried the "hot" plan in five consecutive cases of erysipelas of the scalp, face, and back. In two of these, the scalding was resorted to on the first day of the disease, no other means having been used previously, or being employed simultaneously. On the next morning, the patient's temperature returned to the normal level, while the inflammation disappeared. In the remaining three patients, such means as painting, by nitrate of silver, ichthyol, or camphorated oil, or the hypodermic injection of a 2 per cent. carbolic solution were previously tried, but failed to arrest the disease. The scalding brought about complete cure in a couple of days. As to the *modus medendi*, the author believes that the procedure, in virtue of an intense heat, destroys all pathogenic bacteria lying about in the superficial strata of the region burned. Anyhow, the method must be regarded very cruel, since it necessarily causes discomfort and agonizing pain to the patient. Possibly, cocaine, when rubbed into the parts previously, might make the procedure painless; but, as regards the method, just as it is recommended, we cannot help applying to it the same remark as we made some time ago, in the *Provincial Medical Journal*, Jan., 1889, p. 54, referring to Professor J. J. Nastlofft's treatment of osteomyelitis, scrofulous, lymphatic inflammations, and certain other surgical diseases by means of similarly scalding the patient for one-fourth hour, twice daily: "This hot plan obviously stands in an utter opposition towards modern humanizing tendencies of our healing art, which strives to find out such methods for relieving the sick fellow-man's sufferings as do not involve any additional pain or even discomfort. The patient's ideal subjective well-being must ever be one of the aims and guides of our behavior all through, in accordance with 'the great ethical principle of our profession—that we should endeavor, as far as lies in our power, to preserve life as well as alleviate pain.'" (See Professor Victor Horsley's most admirable paper in the *British Medical Journal*, June 9, 1883, p. 1211.

Any such methods for relieving the patient's sufferings as inflict additional pain are, undoubtedly, violating the said principle." *Vide* also the *Provincial Medical Journal*, July 2, 1888, p. 323.—*Reporter.*

On the Etiology of Septicæmia Neonatorum.—In the Polish monthly *Nowiny Lekarskie*, Jan., Feb., and March, 1889, p. 3, Dr. Justyn Karlinski, house-physician to the Gynecological Clinic in Innsbruck, Tyrol, publishes a very valuable contribution to the etiology of Bouchut's *Pyo-Septicæmia Neonatorum*. As is well known, during epidemics of puerperal fever breaking out occasionally in lying-in-hospitals, the infantile mortality shows a more or less considerable increase, while the post-mortem examination reveals identical morbid changes in bodies of mothers and infants. Some authors attribute the infantile disease to an intra-uterine infection, others to septic omphalitis. Dr. Matilda Eitner's experiments on rabbits (*Berne Inaugural Dissertation*, 1876), seem to point out that the infection can take place through the digestive tract. Dr. Karlinski's clinical observations and physiological experiments tend to give true support to Eitner's statements. He adduces a case of a primipara of 22, in whom on the fourth day after delivery there appeared a high fever (40° C.), followed in four days by labial and nasal erysipelas of eight days' duration, the patient ultimately making a good recovery. The bacteriological examination of her milk on the fourth day of fever, before the appearance of the rash, demonstrated the presence of abundant *Staphylococci pyogenes aures, albi, citrei, cerei, albi*, and *cerei flavi*. The infant ceased to take the mother's breast from the fourth day of its life, or on the first day of the maternal fever; on the next day, its temperature ran high, on the sixth, parotitis and acute enteritis appeared; on the tenth, the patient died. The blood and intestinal contents proved to be infested with the same fine microbes as had been found in the woman's milk. To elucidate the matter still further, the author undertook a number of experiments on rabbits, puppies, and kittens. He arrived at the following important conclusions:—

1°. The pyogenic microbes can actually pass from the mother's blood into her milk. [A pure culture of the *Staphylococcus aureus* was injected into a vein of a puerperal rabbit on

the third day after labor. In 24 hours the animal's milk proved to contain numerous staphylococci. On the fourteenth day the animal died from pyæmia.]

2°. The microbes can also pass from the genital tract into the mammary secretion. [A vaginal injection of the staphylococcus was followed in 36 hours by the appearance of the microbes in the animal's milk.]

3°. In either of the cases, the passage can occur fairly rapidly. [As may be gathered from the illustrations adduced.]

4°. The injection of such infected milk may give rise to fatal acute gastric enteritis, and even general septic infection. [Of 28 baby-animals fed on the milk containing the staphylococci, 9 died. In 7 of them, enteritis was found, the intestinal contents teeming with the microbes. In the remaining 2, general septicæmia, with numerous small-sized abscesses, was present.

VALERIUS IDELSON, M. D., Berne.

Medical Progress.

THERAPEUTICS.

Headaches from Alcohol and Tobacco.—One of our exchanges gives a formula devised by Dr. E. Lloyd Jones which will be hailed with delight by those who abuse of alcohol and tobacco. It is claimed to be a "straightener."

B Spir. ammon. aromat.	.....	3ss.
Spir. chloroformi.	.....	M. x.
Aqua ad.	.....	3.

M. Sig.: At one dose.

Subnitrate of Bismuth and Erysipelas.—At the séance of August 20 of the Académie de Médecine M. Marc Séé reported that for the past five years he had absolutely protected his patients from erysipelas by the use of subnitrate of bismuth as a dry dressing around wounds. Even where he had had occasion to treat cases in which erysipelas had already developed he had found that the topical application of the powder prevented its spread.

A New Fothergill Pill.—Dr. John Aulde has modified the well-known Fothergill pill by varying the proportions of

the ingredients and adding oil of cloves (*Medical and Surgical Reporter*), the formula being as follows:

B	Strychnine sulphate.....	gr. 1-50
	Powdered ipecacuanha.....	gr. 2-3
	Powdered black pepper.....	gr. 1-4
	Extract of gentian.....	gr. 1
	Oil of cloves.....	gtt. 1-20

M. et flat pil. No. 1. Sig.: Take after each meal.

Gargle for Dental Caries.—The following is given in *Centralblatt fuer die Gesammte Therapie*:

B	Tannin.....	8 parts.
	Iodide of potassium.....	1 part.
	Tincture of iodine.....	5 parts.
	Tincture of myrrh	5 parts.
	Rose-water.....	200 parts.

Mix and dissolve. For use, mix a teaspoonful with a glass of tepid water and wash the mouth thoroughly with it.

To Remove Powder Marks.—The following is recommended for the bluish stains produced in the skin by gunpowder: First apply the following lotion:

B	Ammon. biniodid.....	3 ss.
	Aqua destillat.....	3 ss.
M.		

This will cause the stains to appear red.

The application of dilute muriatic acid will cause this redness to disappear.

Saw-Dust as a Dressing for Wounds.—Cosmos suggests the use of fine soft saw-dust as a dressing for wounds and as a vehicle for medicaments or antiseptics. It says that the dust, freed from splinters and sharp bits of wood, by sifting, when used alone and dry makes a clean and grateful dressing; that it readily takes up and holds the discharges without packing or adhering and that it is easily rendered antiseptic by any of the methods used in preparing antiseptic cotton or wool. The idea is a good one, and we would suggest that our yellow pine saw-dust, rich as it is in turpentine, would prove of itself a valuable antiseptic application.

Treatment of Headaches.—A writer in the London *Lancet* remarks: At the Middlesex Hospital, female patients who have suffered many years from sick headache, evidently of a hereditary character, have been greatly benefitted, if not cured, by the administration of 10 mimim doses of tincture of Indian

hemp, three times daily, between the attacks. This is well worthy of trial in those cases of ever-living, never-dying, martyrdom-like suffering. In headache due to determination of blood to the head, and in fever, the following simple treatment is to be commended: Put a handful of salt into a quart of water, add 1 ounce of spirits of hartshorn and $\frac{1}{2}$ ounce of spirits of camphor. Cork the bottle tightly to prevent the escape of the spirit. Soak a piece of soft cloth with the mixture and apply it to the head; wet the rag fresh as soon as it gets heated.

The following, according to Dr. W. W. Carpenter, is very effectual in the most forms of headache:

B	Muriate of ammonia.....	3ij.
	Acetate of morphia.....	gr.i.
	Citrate of caffeine.....	3ss.
	Aromatic spirits of ammonia.....	3i.
	Elixir of guarana.....	3iv.
	Rose-water.....	3iv.

Mix. Desertspoonful every ten or twelve minutes.

Treatment of Diphtheritic Angina.—M. E. Gaucher testifies in *Le Monde Pharmaceutique* for July 20, to the very remarkable efficacy of the following treatment of diphtheritic angina.

B	Carbolic Acid.....	gr. lxxv.
	Camphor.....	3v.
	Alcohol of 36°.....	3ijss.
	Oil of sweet almonds.....	3ij.

Mix.

Raise the false membrane with the proper forceps and with this mixture cauterize the affected part morning and evening. In the interim the throat should be treated with abundant irrigations of a 1 per cent. solution of carbolic acid. In order to enable the patient to endure the pain of the caustic application of camphorated phenol, or phenolated camphor each treatment must be preceded by spraying with a solution of cocaine. The author declares that the treatment in the great majority of cases will result in a cure, and the prevention of the spread of the malady.

We have in campho-phenique a remedy ready to hand, free from alcohol, containing four times as much carbolic acid in combination with the same amount of camphor recommended by M. Gaucher, and which even when applied repulsive and undiluted causes only a momentary smarting followed by

almost immediate anæsthesia, and which will do all that the author claims for the otherwise excellent treatment proposed by him. No cocaine is needed, and no irrigations of carbolic acid, since the campho-phenique can be applied ad libitum without producing inflammation or even discomfort. Any one who has once used the remedy will always recur to it in cases like these.

PHYSIOLOGICAL AND PATHOLOGICAL NOTES.

Variations of Body Weight in Typhoid Fever.—In a thesis upon this subject, based upon studies pursued in the Hôpital Cochin, Dr. L. H. Cohen makes the following conclusions (*Boston Medical and Surgical Journal*): 1° Typhoid fever presents two distinct periods, one of loss and one of gain; certain accidental causes may modify them, but cannot affect their general character. 2° The daily loss is due to febrile combustion chiefly, and but little to abstinence. 3° The daily loss varies with individuals. 4° The losses in nitrogen and in weight are almost parallel with the march of the temperature, without always following it exactly. 5° The study of the weight-chart may aid in prognosis, a continual rise in the weight being a sign of convalescence. 6° The complications of the disease augment the loss of weight. 7° The study of the loss of weight enables the physician to determine with precision the action of nutritive substances in fevers. 8° The loss of weight in a typhoid patient takes place each day in a uniform manner.

Pathology of Tetany.—At the late meeting of the Association of American Physicians, Dr. John T. Carpenter read a paper on Tetany, and a New Theory of its pathology. He defined tetany as a nervous disorder, accompanied by a tetanic spasm of an intermittent character, which may extend from the extremities to the jaw, and be reproduced during the periods of intermission at will, by pressure on the track of the affected nerve-trunk or over the blood vessel obstructing the circulation. A historical *resume* of the disease was given; tetany was regarded not as a special disease, but as a sequel of precedent phenomena only. The affection was regarded as the result of septic adsorption. The diminution of cases of tetany coincident with the successful treatment and the prevention

of septic poisoning was regarded as an argument in favor of the connection between septicæmia and tetany. Cases illustrating this view were cited. The views previously held in regard to the pathology of tetany were discussed and considered untenable.

DISEASES OF WOMEN AND CHILDREN.

Abdominal Gestation.—Dr. H. Kreutzmann reports a case, in the *Pacific Medical Journal*, which possesses some interest. A very careful examination showed that the uterus was empty, but that a foetus was somewhere in the abdomen. This was about six weeks after the death of the foetus. The patient was then suffering from symptoms of septicæmia. A week later laparotomy was performed. A gust of fetid gas and fluid escaped from the adherent ovisac and upon enlarging the incision more gas and amniotic fluid of the same quality escaped. The foetus, partially decomposed, was removed. The woman died on the seventeenth day after the operation "not from the operation, but in spite of it" as the author states.

Tubal Pregnancy.—Dr. P. C. Williams details a case of tubal pregnancy, in the *Maryland Medical Journal*, in which the signs of pregnancy were wanting to a great extent. After a time, however, the foetus could be felt in the left iliac region. The uterus was empty and the diagnosis made of tubal pregnancy. Some time after, the reporter was called to see the woman and found her in labor. He chloroformed her and, upon introducing his finger *in utero*, found the foetus there, which was expelled in about three hours. The foetus was four months old and died promptly. The woman returned to a normal condition with the exception of an area of induration in the left iliac region, which has been gradually decreasing.

Constipation in Infants.—In a contribution on the diseases of the Digestive Organs in infants and children, Dr. A. Jacobi says (*Archives of Pediatrics*): In all forms of constipation in infants or children few medicaments ought to be used. As there is so often an excess of acid in the gastric and even intestinal contents, calcined magnesia finds its twofold indication. It may be given in many small doses or a single large one which need not exceed five or ten grains a day.

Doses of a grain or two grains may be continued for many days and repeated from three to six times daily. Rhubarb acts well when combined with it for the purpose of overcoming protracted costiveness. Rectal injections may be given from the common fountain syringe, the nozzle of which must be introduced beyond the two sphincters. In some cases it is desirable to introduce the instrument to a greater distance; an elastic catheter attached to the nozzle can be used for that purpose, but the very condition of the sigmoid flexure, detailed above, renders the introduction of the instrument beyond the very beginning of the sigmoid flexure a perfect illusion. It happens quite often that an elastic or flexible tube, when introduced beyond the third sphincter, bends upon itself and reappears at the anus. To facilitate the entrance of the liquid into and beyond the sigmoid flexure the injection must be made gently and slowly while the pelvis of the infant is raised.

An Ancient Extra-Uterine Pregnancy.—The Paris correspondent of the *Medical Record* states that Professor Tarnier lately introduced to the Academy of Medicine a patient who is the subject of an extra-uterine pregnancy dating as far back as 1856. At that period pregnancy had reached the full term, the beats of the foetal heart were distinctly heard, but the medical man who was consulted on the occasion having diagnosed an extra-uterine pregnancy, decided upon practicing laparotomy, but before undertaking the operation Dr. Paul Dubois, the celebrated accoucheur was consulted, and although symptoms of the death of the child had manifested themselves, he did not see the necessity for immediate intervention. In 1859 the patient had occasion to consult M. Nélaton, who, after having established the previous diagnosis, refused to operate. Since that time the woman has been lost sight of, when, a short time ago, she consulted Dr. Tarnier, who, on examination found a tumor in the sub-umbilical region, evidently constituted by the presence of a child. This tumor was divided into two parts, corresponding with the head and trunk, which were distinctly felt. The patient is now sixty-six years of age, and is in the enjoyment of comparatively good health, as she suffers from nothing but a slight inconvenience from the size of the tumor. The abdomen is so flabby that the

feet of the child are easily distinguished from the other parts of the body.

Placenta Prævia.—At the recent meeting of the British Medical Association, Dr. Braxton Hicks read a paper on the treatment of placenta prævia (*Med. Rec.*) He recommended that pregnancy be terminated as soon as possible after the diagnosis of placenta prævia had been made, and said that once treatment has been begun, the patient should not be left until delivery has been accomplished. He formulated the following rules to serve as a guide in the conduct of these cases: If the os be expanded and the placenta marginal, rupture the membranes and wait to see if the head is soon pushed into the os. If there be any slowness in this respect, employ forceps or version. If the os be small, detach the placenta from round the os, and if no further bleeding occurs, we may wait an hour or two; but should the os not expand, and if dilating bags are at hand, the os may be dilated. If it appears that the forceps can be admitted easily, they may be used; but if not, version by the combined internal and external method should be employed, and the os plugged by the leg and breech of the foetus. After this is done the case may be left to nature, with gentle assistance, as in footling and breech cases. If the os be small, and if we have neither forceps nor dilating bags, then combined version should be resorted to, leaving the rest to nature, gently assisted. If, during any of the above manœuvres, sharp bleeding should come on, it is best to turn by the combined method in order to plug by breech. The after-treatment should be conducted according to the modern antiseptic methods. Should oozing occur after expulsion of the placenta, swab the lower part of the uterus by styptics, and irrigate the uterus daily with some antiseptic solution. If irrigation cannot be done, iodoform pessaries should be inserted into the vagina. This is especially useful if the outlet of the uterus is blocked by adherent clots.

SURGERY.

Tubercular Testicle in a Child.—At a recent meeting of the Société des Sciences Médicales of Lyons, M. Michon presented a tubercular testicle removed from a boy of eight.

Such cases are rarely seen before puberty. The cases of a similar character previously reported are not numerous. Giraldés saw several in boys ranging from 6 to 14 years. One he observed in a foetus at term. Lloyd saw a case in a child of 3. Prestat, a case in a child aged 9 months. The testicle, in the case reported, while not softened, presented a colloid appearance, the epididymis being entirely cheesy.

Laparotomy in London.—Dr. A. L. Fulton states the following in a London letter to the *Kansas City Medical Record*: The abdominal cavity is opened in London with impunity and without any hesitation. We usually hear hot water spoken of in these operations, but not always used. The temperature of the room is in these cases made comfortable, about 80° F., but seldom higher. A few operators for ovarian tumors wash the cavity with hot water at a temperature of 100° to 105°, but as a rule it is considered not necessary unless the haemorrhage has been rather profuse. Sponging with hot, moist sponges is all that is necessary. In short, I may say that London surgeons do not take to hot water naturally. The spray is the one thing indispensable, and it seems to be used religiously.

A Continuous Suture for the Intestine.—Dr. Clarence J. Lewis, Jun., has devised a continuous suture for the intestines and other abdominal viscera (*N. Y. Medical Journal*), which he thinks is superior to those now in use, and which is easily applied. He describes it as follows: The drawing shows how simple the suture is. Commencing at the point A, we make an ordinary Lembert stitch. We next enter the needle at the point B, and carrying it through the periton-

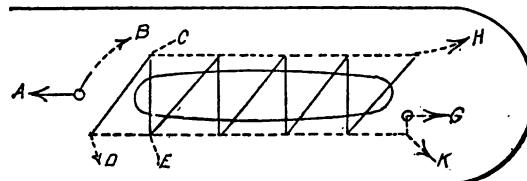


Fig. 14. Continuous Suture for the Intestines.

eum and into the muscular coat, bring it out at the point C. We next enter the needle at the point D, and in the same manner bring it out at the point E, opposite the point C. In

like manner we proceed to the end, leaving small loops in each stitch. Our next move is to tighten the loops, beginning at the point D. When the loops have all been taken in, a Lembert stitch, G, is made to fix the end securely. These Lembert stitches are not required in the complete resection suture, as it is easy to see that the points B and K would be opposite, and could be readily tied with a square knot. Now, the question for consideration is, What faults *could* be found with this suture? I underscore the word *could*, for I can think of but one—viz., Would there be any danger of strangulation of the tissues between the sub-peritoneal (dotted) lines and the edge of the wound? This is a question which I cannot answer at present. But even if it did occur, which is very improbable, the adhesion of the peritoneum would prevent any infection, for, when the loops are drawn taut, the points B and D and the points E and C would become approximated, thus shutting that portion within the caliber of the intestine.

Book Reviews.

A Manual of Chemistry for the Use of Medical Students.

By BRENDRETH SYMONDS, A.M., M.D., 12mo., pp. 153. [Philadelphia: P. Blakiston, Son & Co., 1889. Price, \$2.00.

Verily of making chemistries "for the use of medical students," there seems to be no end. Notwithstanding the long array that bear this legend, and burthen the shelves of the dealer in medical books, each year finds a list of new candidates for the student's favor in this direction. For many of these books—indeed, for the most of them, it is difficult to find a true *raison d'être*. There can be no claim to "filling a long-felt want," except a want on the part of the author to see himself in print on the title-page of a book on chemistry, since the aching void in this direction has, as remarked, been most thoroughly filled.

In examining the work before us, we cannot help wondering as to exactly what its author intended or expected to

accomplish in writing it. He gives us no new researches of his own, he has mapped out no new or improved method of conveying information to students, he has simplified nothing that was abstruse in the works of others, and the result of his labors is simply a rehash of the contents of any one of a dozen medical chemistries that could be named.

The mechanical make up of the book is in the usual Blakiston form, first-class in every respect. The price, however, seems to be largely in excess of that usually charged by them for books of similar size and binding.

A Treatise on Surgery, its Principles and Practice. By T. HOLMES, M. A., Cantab. Fifth Edition, edited by T. PICKERING PICK. 8vo., pp. 1008. With four hundred and twenty-eight illustrations. [Philadelphia: Lea Brothers & Co., 1889. St. Louis: John L. Boland. Price, cloth, \$6; leather, \$7.

Every one is acquainted with Holmes' Surgery, and its popularity is well attested by the fact that the present is its fifth edition. It has been carefully edited by Mr. Pick, whose standing as a surgeon is well known from his own publications. The editor has endeavored to bring the work up to the present standard of surgery, and he has acquitted himself of the task quite creditably. The subjects which have claimed most of his attention, so far as emendation and alteration are concerned, are inflammation, wounds and their treatment, tumors, diseases of bones and joints, abdominal surgery and intestinal obstruction. Diseases of the breast, and the operative treatment in reference to cerebral localizations, are also discussed.

The chapter on ophthalmic surgery has been very judiciously omitted, and the editor could have passed over ear and skin diseases without detracting from the value of the work. These branches have acquired a prominence nearly, if not quite equal to that of ophthalmology, and can, at best be treated but in a cursory and superficial manner in a work of the character of the one before us.

Taken as a whole, Holme's Surgery will continue to command that respect and admiration which have been conceded to it in past years. It was written by a master mind, and the changes made necessary by recent advances in late years

have been most faithfully and thoroughly made by one competent, both by experience and education, to undertake so delicate a task. The result has been an improvement in which we do not feel any sudden changes.

The publishers have issued this volume in handsome style, and we have no doubt that not only surgeons, but all those interested in surgical diseases and their treatment, will avail themselves of the opportunity of placing this sterling book upon their bookshelves.

A System of Obstetrics.—By American Authors. Edited by BARTON COOKE HIRST, M. D. Vol. II., 8vo., pp. 854. Illustrated with two hundred and twenty-one engravings on wood. [Philadelphia: Lea Brothers & Co., 1889.

Our readers will remember that some time ago we had occasion to review the first volume of this work and the praise which we then accorded to this system can only be reiterated in connection with the second and concluding volume. The second volume begins with a well written essay upon the diseases and accidents of labor by Theophilus Parvin. This is followed by a chapter upon the forceps, and embryotomy by Edward P. Davis. The premature induction of labor is the subject treated by James C. Cameron, who also contributes the next paper on version. The Cæsarian operation, symphysiotomy, etc., is the subject of the contribution of Robert P. Harris. Henry J. Garrigues deals with puerperal infection, inflammation of the breast and allied diseases connected with childbirth. The etiology of puerperal fever is the subject of a paper by Harold C. Ernst, the editor's contribution being on some complications of the puerperal state independent of septic infection. The remaining articles are rather related to than forming a part of obstetrics. Thus, insanity and diseases of the nervous system in the child-bearing woman by James Hendric Lloyd, the management and diseases of the new born infant, by J. Lewis Smith; the surgical diseases of infancy and early childhood, by Stephen Smith; and congenital anomalies of the eye, by G. E. De Schweinitz, are rather supplementary articles, although their value is such as would hardly warrant their omission in so comprehensive a work as the one before us.

This system is one which has been issued upon the only proper principle which it is now possible to use, in order to obtain good results, *i.e.*, a series of monographs by competent men. It is chiefly on this account that we can confidently predicate a large sale for this work. The ideas presented are based upon the experience, not of one observer, but of many. The observations acquire more value from the fact of their multiplicity and the views advanced are the more reliable on this account. We can heartily recommend this system as

being thorough, reliable and withal of sufficient brevity to make it a pleasure to consult its pages.

Primary Methods in Zoology Teaching. By W. P. MANTON, M.D., M.F.R.S., etc. 12mo, pp. 60. Illustrated. [Boston: Lee & Shephard, 1889. Price 50 cents.

As a rule, teachers in common schools know very little practically of branches of material science, the elements of which, at least, they are expected to impart to the children entrusted to their care. There are, of course, many honorable exceptions to this statement, but in the vast numbers of the young of both sexes, who have taken up teaching as a trade rather than as a profession, it holds good as to the majority. Not without cause therefor, did the accomplished editor of the *Microscope*, and associate editor of the *Annual of the Medical Sciences*, prepare this little "manual for teachers in common schools," and he has rendered a great service to the cause of education in so doing. The book, is in brief, an effort to teach teachers how to teach the rudiments of zoology, and is a reprint of a series of short articles contributed by Dr. Manton to *Education*, a journal published in Boston by Messrs. Lee & Shephard. In it, the author first suggests to the teachers the apparatus absolutely necessary to illustrate the facts which he or she desires to communicate to the infant mind. In a second chapter, he outlines a first lesson in zoology, the demonstration of the general characteristics of an animal, the external appearances, the organs of sight, hearing, etc. As the lessons progress, suggestions are given as to the best method of demonstrating the outlines of the internal structure, the bones, muscles, etc.; then the phenomena of life, circulation of the blood, respiration, digestion, etc.; the final chapter being devoted to the brain and nerves.

The little work is thoroughly practical and deserves to be brought to the attention of the school-boards throughout the country, and to be placed in the hands of all teachers in the lower grades of public schools.

The Physician as Naturalist. Addresses and Memoirs bearing in the History and Progress of Medicine, etc. By W. T. Gairdner, M. D. LL.D., etc. 8vo., pp. 436. [Glasgow: James Maclehose & Sons, 1889.

This is a volume of memoirs and addresses, relating to the history and progress of the art of medicine during the past hundred years, together with contributions to current periodical literature medical and scientific, running over a number of years and collected in this form for permanent preservation. Under such circumstances it is no more than natural that there should be a wide range of subjects treated and a corresponding variation in the methods of treatment and the

interest excited therin in the mind of the reader. The book, which is a small octavo of some 440 pages takes its title from the initial paper, "The Physician as Naturalist," which is an extract from an inaugural address delivered before the class in medicine in the University, term of 1882-'83. The "text" of this discourse, to borrow a phrase from theology, or the argument thereof is that for a series of undeterminable ages, or from the time of Hippocrates (460 B. C.) down to Middle, or Dark Ages, the tradition has continuously existed that the physician or healer should be a *naturalist*, in the sense of the word as used by Hippocrates himself (*huperetés phuseōs*, or servant of nature), that it is his prerogative to be trained in the most thorough manner in all the sciences (natural) of his day, and finally that he should be esteemed and honored as a physician (healer) just in proportion to his knowledge of nature and his power to interpret her. These are not the author's words but convey the sense of his propositions.

In the course of his argument the author takes occasion to point out the rather singular fact that in the English language alone has this idea of the function and duties of the physician survived in the name used to designate him—physician, *i.e.*; the student of *physis* or nature.

In order to illustrate the variety of subjects treated by our author, we cite the captions of some of the remaining discourses: "Has the Art of Medicine advanced during the last hundred Years?"; "Facts and Conclusions as to the Use of Alcoholic Stimulants in Typhus Fever;" "Course of Typhus, and Phenomena of the Crisis;" "Mind and Body;" "Sanitary Science and Preventive Medicine;" "Homœopathy;" "The Present Aspect of Medical Science—Old Orthodoxy and Modern Opinions," etc.

The book, on the whole, is a deeply interesting one, showing a wealth of learning, a vast range of reading, and an intimate acquaintance not merely with books, but with the spirit and *animus* of their authors that is rarely found combined in one individual. We can say of it what can be said of few works of this description—we took it up to "notice" and did not put it away until we had read it from cover to cover.

The mechanical part of the book is excellent, the type large and clear and the paper superb. The binding, contrary to the rule with books published in Great Britain is solid and strong, and the index is voluminous and complete. We heartily recommend the work to physicians as one with which they may pass many pleasant and profitable hours.

The American Association for the Advancement of Science will hold its next annual meeting at Indianapolis in August, 1890.

Literary Notes.

A Handbook of Dermatology is the title of a small work on skin diseases, by Dr. A. H. Ohmann-Dumesnil, which will be out in a few days.

The Medical Mirror, a monthly published at the rate of \$2 per annum, is to appear in this city, the first number being issued in January, 1890. Dr. I. N. Love will be the editor, and he has outlined the scope of his journal in a prospectus which has been sent to the profession.

Traite Descriptif des Maladies de la Peau is the title of a new work on skin diseases to be issued shortly by G. Masson, Paris. Henri Leloir and Emile Vidal are the authors. The work will be in nine parts, each of which will contain 6 plates and about 40 pages of text. The price for the work is 10 francs per part.

Obstetric Nursing.—A little bit of a book, red bound, and black lettered, bearing on its title page "Lectures in Obstetric Nursing, by Theophilus Parvin," and very unpretending in every way, but as full of common-sense and wisdom as it is possible to cram a hundred duodecimo pages. The Lectures were delivered before the classes at the Nurses' Training School in Philadelphia, but there is many a physician, old at the catching of wild babies, who might profit by its precepts. P. Blakiston, Son & Co., Philadelphia, are the publishers. Price 75 cents.

Nervous Syphilis is one of the latest numbers of the Physician's Leisure Library. This brochure of 135 pages has been written by Dr. H. C. Wood, and is largely based upon his personal experience of about 2000 cases. Of course, the results obtained in the practice of the most eminent syphilitographers are given. A good résumé of the subject is given and in a manner that is of easy comprehension. The publisher of this series—George S. Davis, of Detroit—has adopted a new cover for this series of the Library which is tasty and elegant. It makes a very attractive little volume and one which is inviting at first sight. The eleven other numbers of this series as announced, promise to be of the highest interest, judging from the names of the authors. The same price of 25 cents per number is maintained.

Recherches Cliniques et Therapeutiques sur l'Epilepsie, l'Hysteric et l'Idiotie, is the title of a 100-page brochure by Bourneville, Courbarien, Raoult, and Sollier. It is the ninth annual report on the service of those diseases at Bicêtre, and contains a vast fund of interesting matter upon

the subjects treated of. While the first part is largely statistical, the second is devoted to the purely clinical accounts of interesting cases. Bourneville describes a case of myxœdematous idiocy. On the question of the role of consanguinity in the causation of epilepsy, hysteria, and idiocy, he declares himself as of the opinion that these forms depend upon heredity. A number of other papers render the report of the greatest value to those interested in nervous and mental diseases. The publishers are the *Progrès Médical* and E. Lecrosnier & Babé, of Paris.

Essentials of Materia Medica.—This is another of those excellent and comprehensive "Question Compends," issued by W. B. Saunders of Philadelphia. It is by Henry Morris, M. D., late demonstrator, at Jefferson Medical College, and co-editor of Biddle's *Materia Medica*. The work is of a convenient size for the pocket, and is admirably arranged for the purpose for which it was written—viz., to give in condensed form the outlines and principles of the *materia medica* in such a manner that it shall act as a reminder to the student of those matters which he has heard more in detail in his lecture hours, and also as a sort of guide to more compendious literature on the subject. As in all of Saundier's compends, the matter is put into the form of question and answer, which, as every one who has ever attempted to teach knows, is the very best for the learner. The index is full and well arranged, and the workmanship and material used in it of the best quality. Price \$1 in plain cloth, or \$1.25 in cloth interleaved.

The Urine, the Common Poisons, and the Milk.—We have received, through S. M. Simpson & Co., of this city, a copy of this excellent manual of the chemical and microscopical laboratory work in examinations of urine and milk, and also in cases involving the use of the commoner poisons, from the pen of Dr. J. W. Holland, professor of chemistry and toxicology at Jefferson Medical College. It purports to be simply laboratory memoranda on the subjects mentioned, but is really an excellent compendium of the latest methods of research, conveniently arranged for the use of the student. The illustrations, which are numerous, are nearly all new and fresh and, so far as those pertaining to the microscopic appearance of urine and milk go, far more satisfactory than the stock cuts which have been doing duty as such in pretty much all the text-books for many years. The work is from the press of P. Blakiston, Son & Co., Philadelphia, and this is saying that, so far as the mechanical part goes, it is first-class in every respect.

Pamphlets Received.—The following pamphlets have been received during the past month. We hereby return

thanks to the senders: The Treatment of Fractures of the Neck of the Femur by Immediate Reduction and Permanent Fixation, by N. Senn, M.D., Ph.D. (Reprinted from the *Journal of the American Medical Association*, August 3, 1889); Notes on the Electro-Magnet in Ophthalmology, with a report of Nine Cases, by Wm. Ellery Briggs, M. D. (Reprinted from the *Occidental Medical Times*, August, 1889; The Annual Report of the Department for the Insane of the Pennsylvania Hospital, for the year ending fourth month, 22d, 1889; Short Notes on the Surgical Diseases of Children, by Edward Borck, A.M., M.D. (Reprinted from the *Archives of Pediatrics*, August, 1889); The Future of Therapeutics, by David Inglis, M. D. (Reprinted from the *Journal of the American Medical Association*, November 28, 1885); The Hydro-Therapeutic Treatment of Typhoid Fever, by A. C. Smythe, A.M., M.D. (Reprint from the Transactions of Indiana State Medical Society, 1889); A Contribution to the Pathology of Trophic Disorders of the Muscular System, by David Inglis, M. D. (Reprint from *Journal of Nervous and Mental Disease*, August 1888); An Experimental Study of Intestinal Anastomosis, with some Practical Suggestions as to a Modified Technique, by A. V. L. Brokaw, M. D. (Reprint from *Weekly Medical Review*, August 17, 1889); The Essential Factor in the Aëtiology of Stricture and its Bearing upon the Question of Radical Cure, by John P. Bryson, M. D. (Reprinted from the *Journal of Cutaneous and Genito-Urinary Diseases*, for August, 1889); A Few Observations on the Etiology, Progress, and Cure of Incipient Cataract without Operative Interference, by A. R. Baker, M. D. (From Transactions Ohio State Medical Society, 1889); Du Traitement des Fibromes utérins par la Méthode d'Apostoli, par le Dr. Deletang (Extrait de *Nouvelles Archives d'Obstétrique et de Gynécologie*, December, 1888); Fibromes Utérins, leur traitement par l'Electrolyse (Méthode d'Apostoli) et leur Elimination Fréquente Sus Muqueuse par l'Action de l'Électricité par le Dr. la Torre (Extrait, revu et augmenté, des *Archives de Tocologie*, Dec., 1888, Jan. et Fev., 1889).

Cirrhois of the Pancreas, or Pancreatic Anæmia, by Charles Warrington Earle, M. D., (Reprinted from Trans. Ill. State Med. Soc., 1884); The Responsibilities and Duties of the Medical Profession regarding Alcoholic and Opium Inebriety, by C. W. Earle, M. D. (Presidential Address to Ill. State Med. Soc., 1889); Cephalæmatoma of the New-born, by Charles Warrington Earle, M. D. (Reprinted from the *Journal of the American Medical Association*, 1883); Antiseptic Obstetrics, by Charles Warrington Earle, M. D. (Reprinted from Trans. Ill. State Med. Soc., 1888); The Influence of Sewerage and Water Pollution on the Prevalence and Severity of Diphtheria, by Charles Warrington Earle, M. D. (Reprinted from the *Archives of Pediatrics*, Nov., 1888); Retained Debris

as one Cause of Puerperal Fever, by Dr. Charles Warrington Earle (Read before the Chicago Gynecological Society); Observations on Chiara's Clinic and the Hospital of St. Maria Nuova, Florence, Italy, by Charles Warrington Earle, M. D. (Reprint from *Western Medical Reporter*, Oct., 1887); Observations in Vienna, by Charles Warrington Earle, A.M., M.D. (Reprint from *Western Medical Reporter*, Sept., 1888); Infant Feeding, by Charles Warrington Earle, M. D. (Reprinted from *Journal of the American Medical Association*, Aug. 4, 1888); The Treatment, Non-Preventive, of Puerperal Fever, by Charles Warrington Earle (From the *Chicago Medical Journal and Examiner*.) Catalogue and Announcement of the Shaw School of Botany, Washington University, St. Louis, 1888-89; Announcement of Baltimore University School of Veterinary Science, Session 1889-90; On the Healing of Aseptic Bone Cavities by Implantation of Antiseptic Decalcified Bone, by N. Senn, M.D., Ph.D. (From the *American Journal of the Medical Sciences*, September, 1889).

Obituary.

FREDERICH ADOLPH WISLIZENUS.

It is with mingled feelings of sorrow and regret that we are called upon to chronicle the death of Dr. Wislizenus, one of the oldest practitioners of St. Louis. He was a contributor to the JOURNAL from its foundation up to within a few years of his death. He was the first one to publish daily meteorological reports of this city until the establishment of the signal service.

Dr. Frederich Adolph Wislizenus was born in Schwarzbürg-Rudolstadt, May 21, 1810. The family came originally from the neighborhood of the river Vistula, from which their surname was taken; left their native country during the persecution, which arose after the death of John Huss, and fled to Germany, where, after generations of inter-marriages, they seem at last to have retained only the tradition of their nationality, and the name.

His parents died when he was an infant, victims of a deadly typhus fever brought into Germany by Napoleon's soldiers, and he, with one brother and sister, was left to the care of an uncle and aunt. After leaving the gymnasium at Rudolstadt young Wislizenus pursued his studies at the universities of Yena and Goettingen, and having chosen medicine as a profession he went to Wurzburg. From the beginning of his college life he was a member of the revolutionary societies seeking Germany's liberation. Young Wislizenus participated in the emeute at Frankfort in 1833. He escaped with a young

companion and succeeded in finding temporary refuge with some sympathising friends in the city, who, not daring to harbor them, took them the same night to the villa of a widow lady who resided in the suburbs of Frankfort. She concealed them in a summer house in her garden a couple of weeks, sending a trusty servant to them by night to supply their wants, and when at length disguises and passports had been procured she ventured to visit them herself and with encouraging words and good wishes sent them off on their dangerous journey. He proceeded at once to Zurich, Switzerland, and resumed his medical studies at the university. After graduating, still clinging to his hopes and faith in the possibility and practibility of European republics, he participated in the revolutionary expedition organized by Mazzini against the King of Sardinia. On the unsuccessful issue of this affair he went to Paris and, after attending the hospital there for several months, he came to New York in 1835 and began the practice of his profession. In 1837 he came to St. Clair County, Illinois, and in 1838, to St. Louis. In 1839, he made a trip with scientific objects in view to Fort Hall, Ore., then a British possession. In 1840 he made St. Louis his home and formed a partnership with the late Dr. Engelmann, which was the beginning of a lifelong friendship. In 1852 he settled finally in St. Louis. He was interested in atmospheric electricity and was one of the first to make systematic observations on the subject. Of his daily observations made between 1861 and 1873 resumés and accounts were furnished by him for the signal service at Washington and for the publication of the St. Louis Academy of Science. He was one of the earliest members of the Academy of Science and regular in attendance on its meetings while his health permitted.

The funeral took place September 24th from his late residence.

At a meeting of the St. Louis Medical Society held on Sept. 24, the following resolutions were adopted:

It having pleased an All Wise Providence to summons from our midst our professional brother and friend, DR. FREDERICH ADOLPH WISLIZENUS.

Resolved, That by his death this Society has lost a faithful member, our profession a devoted and successful practitioner, science an ardent votary, and his family an affectionate husband and father.

Resolved, That as a token of our esteem and respect to his memory, this Society in a body will attend the funeral obsequies of our deceased brother,

Resolved, That these resolutions be entered on a memorial page in the records of this Society.

Resolved, That a copy of these resolutions, duly certified, be transmitted to the family of the deceased.

CHAS. W. STEVENS,
WILLIAM DICKINSON,
G. HURT,
} Committee on Resolutions.

Melange.

In Old Times it was the philosopher's stone that was supposed to be endowed with power to rejuvenate the aged and give perpetual youth—now it is a buck-rabbit's or a billy-goat's.

Gun-Wad is the euphonious name of a deeply learned heathen, who has made his appearance in Indianapolis and hung out his shingle (in the daily press) as a big medicine man. He appears to be a regular "Ely wad, suitable for breech or muzzle loaders," though probably of small calibre.

The French Society for Dermatology and Syphilography has organized and will, in the future, hold its meetings semi-annually in Paris. The officers for the coming year are President, Hardy; Vice-Presidents, Besnier, Fournier; General Secretary, Vidal; Annual Secretaries, Barthélemy, Feulard, Thibierge, Verchère, du Castel.

A Maritime Medical Association is advocated by the *Maritime Medical News*. It contends that, instead of two Provincial meetings side by side, each sparsely attended, it would be much better to have one society presenting greater interest and attracting a larger total attendance. The interest would be greater and the attendance undoubtedly larger.

Trick o' Fightin'.—*Mrs. Flannagan*: Fwhats de matter wid de ould man's hid, dochter?

Young Muggins, M. D.—He has trichophyton, madam.

Mrs. Flannagan.—Sure an' he do have dat same thrick, dochter, but only when he do be drunk. But, sure, *Oi* never did that same fur him, nayther wid me nails nor wid de stick when I do be thumpin' 'im.

The World's Exposition of 1892 is exciting the Cincinnati *Medical News* to such an extent that it is getting rash. For instance, it begins a paragraph in the following manner: "Where shall the *World's Exposition* of 1892 be held, in New York or Chicago? We say in Chicago, by all means." This is one of those occasions upon which we rise to ask, "What's the matter with St. Louis?"

The Southern Surgical and Gynecological Association will hold its next meeting at Nashville, Tenn., Nov. 12,

13 and 14, next. The preliminary programme, which has been issued, contains the title of 35 papers to be read, some of which will not fail to be of the highest interest and all of which promise to be excellent, if we are to judge from what these authors have already done.

The American Pediatric Association elected the following officers for the ensuing year:—President, J. Lewis Smith, of New York; Vice-President, Arthur V. Meigs, of Philadelphia, and F. Forcheimer, of Cincinnati; Secretary, W. D. Booker, of Baltimore; Recorder, W. P. Watson, of Jersey City; Treasurer, Charles Warrington Earle, of Chicago; Member of Council, L. Emmet Holt, of New York.

The Gross Prize in Surgical Pathology.—The will of the late Dr. Gross provides that there shall be an award of \$1,000 every five years for the best essay in surgical pathology or practice. The Philadelphia Academy of Surgery will have charge of the conditions and terms of the competition. The successful competitor must be an American citizen. All essays, in the first contest, must be forwarded to the Academy before June 1, 1893,

A Victim to Faith Cure.—We cull from the *Medical and Surgical Reporter* the following item: Bert Williams, 17 years old, died in a hospital in Findlay, Ohio, on Saturday, the victim of faith cure fanatics. He had injured one of his legs while playing ball, and a physician had stitched up the wound. The stitches were removed by the faith cure people, and the boy was prayed over by them until gangrene set in, with fatal result.

A Young St. Louis Medico, who became a benedict about a year ago was in the JOURNAL office a few days ago and picked up a medical exchange, that happened to lie on the table, opened at an article headed "Night-terrors in children." He looked at it a moment and then remarked with a sad-eyed expression of voice—"D—n that! It's the child 'terror' in the night that's getting away with me!" and gaped like he was trying to swallow his ears.

A Universal Federation of Students was lately organized in Paris. French and Foreign students organized a meeting and it was decided to form this association. The members are to meet annually in different cities. The Association has for its object a general exchange of experiences in regard to the different universities, the advantages of each, and all such information as is likely to prove of benefit to this large class of medical, law, engineering and normal school students.

The Atlanta Medical and Surgical Journal.—In the August issue of this sterling Southern cotemporary Dr. F. W. McRea announces that he assumes the control and editorship

made vacant by the death of Dr. Westmoreland. The balance of the editorial staff remains as hitherto. The *Atlanta Journal* has always been a favorite exchange with us, and we are sure that under the management of Dr. McRea it will continue to maintain the high character which it has earned and preserved in the past.

The Association of American Physicians elected the following officers for the ensuing year:—President, Samuel C. Busey, of Washington; Vice-Presidents, William Pepper, of Philadelphia, and Henry M. Lyman, of Chicago; Recorder, I. Minis Hays, of Philadelphia; Secretary, Henry Hun, of Albany; Treasurer, W. W. Johnston, of Washington; Member of Council, G. Baumgarten, of St. Louis; Representative on Executive Committee of Congress of American Physicians and Surgeons, William Pepper, of Philadelphia.

Hot Air Inhalations in Pulmonary Tuberculosis.—In a paper on this subject, by Dr. E. L. Trudeau (*Medical News*), the following conclusions are reached:—1° The therapeutic value of hot-air inhalations in phthisis is doubtful. 2° The evidence obtained by the bacteriological study of the case presented does not confirm the assumption that inhalations of heated air can either prevent the growth of the tubercle bacillus in the lungs of living individuals or diminish the virulence of this microbe when it has gained access to them.

Medicine and Pharmacy in Turkey.—That the same methods obtain everywhere is well exemplified by an editorial in a recent number in the *Revue Médico-Pharmaceutique*, published in Constantinople. It appears that the restrictions placed about the practice of medicine and pharmacy are essentially the same as in other countries; and, furthermore, their total disregard is as prevalent. Quacks abound and carry on their business unmolested, while druggists do their counter prescribing and sell poisons with an audacity, which is perfectly appalling. The remedy seems to be about as unavailing as with us.

The Mississippi Valley Medical Association held a most successful meeting at Evansville, Ind., on Sept. 10, 11 and 12 last. Want of space prevents our giving it a more extended notice. The following officers were elected for the ensuing year: President, Joseph M. Mathews, Louisville; First vice-president, C. R. Early, Ridgeway, Pa.; Second vice-president, T. B. Harvey, Indianapolis; Secretary, E. C. McKee, Cincinnati, O.; Treasurer, J. C. McGahan, Chattanooga, Tenn.; Chairman of Committee on arrangements, I. N. Bloom, Louisville, Ky. The next meeting will be held in September, 1890, at Louisville, Ky.

The American Public Health Association.—The American Public Health Association will hold its Seventeenth Annual Meeting at Brooklyn, N. Y., on October 22, 23, 24 and 25, 1889. The Executive Committee have selected the following topics for consideration at said meeting:

1° The Causes and Prevention of Infant Mortality. 2° Railway Sanitation. 3° Steamship Sanitation. 4° Methods of Scientific Cooking. 5° Yellow Fever. 6° The Prevention and Restriction of Tuberculosis in Man. 7° Methods of Prevention of Diphtheria, with Results of such Methods. 8° How far should Health Authorities be permitted to apply known Preventive Measures for the control of Diphtheria. 9° Compulsory Vaccination. 10° Sanitation of Asylums, Prisons, Jails, and other Eleemosynary Institutions.

Papers upon miscellaneous sanitary subjects not included in the above list will be received by the Executive Committee, subject to the requirements of the By-Laws.

The Secretary is Dr. Irving A. Watson, of Concord, N. H., to whom all communications should be addressed.

Unadulterated Rot.—Of all the rediculous nonsense that we have come across in medical literature of late years, the following from the pen of Dr. Silas Hudson in the *Medical Summery* for September, caps the climax. “The commingling of the semen of a plurality of men frequently causes gonorrhœa and syphilis, by changing the character and habits of *spermatozoa or bacilli*, which are originally and ordinarily innocent. I am inclined to believe general and constitutional syphilis, leprosy, consumption, are sometimes produced (in the female) by her *absorbing the semen of different men*. I do not say by one act of promiscuous intercourse any one of the diseases is produced; but I mean by long, frequent, and promiscuous intercourse.” Scarcely less nonsensical is the ensuing sentence from the same communication: “Dr. Geo. J. Monroe, in June number, gives a case of a patient taking a chancroid from a prostitute. I am inclined to think he took it while the poison was being generated in the vagina, before *she was infected*. *A chancre is the same disease as chancroid*, rendered a little more savage by a still further *evolution of the same organism*.”

The American Rhinological Association has its seventh annual meeting at the Palmer House in Chicago, Ill., Oct. 9, 10, 11, next. Dr. John North, Toledo, O. is the President.

The following are some of the papers to be read: Report of a case of brain abscess emptying into the naso-pharynx, by Dr. L. B. Gillette, Omaha, Neb.; Some of the reasons why many physicians fail in treating chronic rhinitis, by Thos. F. Rumbold, St. Louis; Conjunctival troubles the result of nasal

diseases, by Dr. J. G. Sinclair, Nashville, Tenn.; Ocular reflex symptoms in nasal diseases, by Dr. C. H. Moore, Indianapolis, Ind. Therapeutic measures in rhinology, by N. R. Gordon, Springfield, Ill.; Report of the Insane Asylum committee appointed at the last meeting to make rhinal examinations "On the Relation of Rhinal Inflammation to Mind Affections;" Reflex symptoms of rhinal diseases with reports of cases, by Dr. C. L. Dreese, Goshen, Ind.; The administration of quinine where there is defective hearing, by Dr. E. L. Sessions, Ft. Worth, Tex.; Rapid operations in removing foreign bodies of the nasal chambers, by Carl H. Von Klein, Dayton, O.; Surgical treatment in diseases of the nose, by A. De Vilbiss, Toledo, O.; Catarrhal [nasal] neuralgia, by Dr. A. G. Hobbs, Atlanta, Ga.; Constitutional and hygienic treatment of rhino-pharyngeal inflammation, by Dr. R. T. Knode, Omaha, Neb.; The prescribing of sprays to be used by patients, by Dr. Frank D. Green, Louisville, Ky.; The treatment of asthma, by Dr. J. G. Carpenter, Stanford, Ky.; Reflex inflammation of the nose and throat, by Dr. E. L. Siver, Fort Wayne, Ind.; Vaseline as a solvent, by Dr. Ely McClellan, Chicago, Ill.; Climatology, by Dr. Thos. F. Rumbold, St. Louis, Mo.

"Surgeons' Blunders" and Newspapers' Sins.—We extract the following from our esteemed cotemporary, the *Pittsburgh Medical Review*, and think that it is about right: The *Chronicle-Telegraph*, in the issue of August 23, has a very seasonable editorial entitled "Surgeons' Blunders," in which the writer affirms, with much positiveness, the truism that medicine is not an exact science, and he approvingly quotes the *New York Telegram*, in its appeal for some protection against quacks. The *Chronicle-Telegraph* enjoys the distinction of being the cleanest, as well as the most literary newspaper published in Pittsburgh. It cannot, of course, speak *ex cathedra* on medical subjects, but it avoids the grotesque ignorance that makes the usual newspaper ridiculous as a medical critic, and its utterances are always worthy of a respectful hearing. The *Review* is glad to endorse the sentiments of the editor in the article referred to, and it also takes advantage of the theme discussed—quackery—to point out to the *Chronicle-Telegraph*, in all kindness, some of the holes in its own coat.

An advertisement appears with daily regularity in this paper (a paper which is supposed to be of sufficient purity to instruct and amuse the family circle with perfect safety), reciting the virtues of "Chichester's English Pennyroyal Pills," "The only safe and sure remedy," "Relief for Ladies", and more to the same purpose. Does the editor, who speaks so feelingly on quackery, know for what purpose these pills are used? Is he cognizant of the serious position he occupies as

an accessory before the fact in the slaughter of innocents? Most certainly not, and yet this is what he is doing when he gives place to this despicable card in his paper. Does this editor know that S. S. S. stands for "Swift's Syphilitic Specific" and that when he advertises this compound he addresses the lowest and vilest of the people; and that this nostrum, with its suggestive title, is to be used for the self-treatment of one of the most serious and loathsome of human diseases? Probably not, and yet such is the fact.

By all means let the "Surgeons' Blunders" be exposed, and let the scourge be applied to ignorant pretension in medicine, but for the sake of morality as well as consistency, first see that your own skirts are clear.

Not at Fault.—The St. Joseph *Medical Herald*, very courteously explains, in a private communication, the circumstances which led to the accusation of plagiarism made by us against it in our last. The authorship or source of the article copied had been lost, and it was accredited to "Ex." Our local cotemporary then took it and accredited it to the St. Joe Journal, for which course the latter was not to blame. In this connection we will say that the *Herald* evidently tries at all times to give proper credit, and we are sorry that the harsh term made use of in the article referred to was hurled at it, though maintaining that no other fits the case of those journals, usually Eastern, which habitually filch the work of others and utterly ignore property rights in brains and the fruit thereof. We rarely pick up a medical journal that we do not find something which we recognize as original in our own or some other western medical journal, but accredited to some Eastern pirate.

Chronic Endocarditis.—Dr. Frances Delafield, in a paper on this subject (*Medical Record*), states among other things that chronic endocarditis is a productive inflammation, with the formation of new tissue, but without exudation. In its most active form there is a very considerable growth of cells, and also a death of cells, so that the inflamed endocardium is thickened in some places, ulcerated in others, and on the roughened surfaces thus made thrombi are formed. This is the most active and dangerous form of the disease. In its more chronic form the growth of cells is not as great, the cells do not die, the basement substance is thickened. Although the surface of the endocardium is somewhat roughened, and small vegetations are often formed, there are no thrombi. In either form of inflammation there may be added degeneration or calcification of the inflamed endocardium and of the thrombi. It may very well happen that the patient, after suffering from the chronic form of endocarditis for years, may then develop the more active form in the same valve, or in

one of the other valves. In the more active form of the disease a large number of cases run their course within six months from the time of the commencement of their symptoms. A considerable number do not live longer than six or seven weeks. The symptoms are pronounced: Disturbed heart action; delirium, convulsions, paraplegia; cough, hæmoptysis, dyspnoea; nausea and vomiting; dropsy; loss of flesh and strength, and anæmia, and a rise of temperature. These patients are apt to get rapidly worse, but there may be intermissions, and the inflammation may stop altogether. It seems evident that in the treatment of these patients we must remember that they are suffering from an inflammation of some activity, and that rest in bed, the use of cold or of counter-irritation over the heart, are measures likely to be of use. On the other hand, in the slow form of endocarditis the disease lasts for many years. There are usually intermissions in its course, and it may stop altogether at any time. Many of the patients have no symptoms. In those who do, some one symptom is first developed, and then, as the disease progresses, others are added. These patients are regularly better for an out-of-door life, with as much exercise as they are able to take.

Local Medical Matters.

The Medical Colleges are all well started now, and while the attendance of students is large, October will witness the arrival of many more who will help to swell the list.

The St. Louis Academy of Medicine has resumed its sessions for the winter. This society is quite a success, its meetings are well attended and good work is being done. The new quarters in the Odd Fellows Building are handsome and spacious, and the prospects for a large membership in the future are excellent.

The St. Louis Medical Society resumed its sessions on the 17th of September. The meeting was an interesting one and the attendance good. The coming winter promises to be one which will be unparalleled in the history of the Society, so far as the activity of the members is concerned. The younger members promise to contribute a large proportion of the papers and demonstrations.

Beaumont Hospital Medical College has established at the college, an emergency hospital with forty beds, thus utilizing the large and comfortable rooms in the ground floor of the building on Sixteenth St. No expense has been spared to make the hospital first class in all of its appointments, and in so doing the authorities of the college have served a double purpose—added another and much needed public place where immediate and skilled attention can be given to the injured, and at the same time furnishing valuable clinical opportunities to the students of the institution. We bespeak a generous support of the new “emergency.”

That Leper Again.—Another attempt has been made during the past month to prove that Brennan, the leper, at present confined at quarantine, is not a leper. The most earnest advocate of this view has presented the following ingenious (?) argument to uphold his theory (!). It is highly amusing at all events and will repay perusal. We reproduce it verbatim as taken from a newspaper over his own signature.

“To the St. Louis Charity Board: GENTLEMEN—Having personally examined James Brennan, now in quarantine as a leper, I respectfully submit the following report, viz:

I find the symptoms and conditions about equally divided between leprosy and syphilitic psoriasis, as it would occur in intemperate persons of a tubercular diathesis and I believe it to be the latter, basing my conclusions on the following facts:

1° He is of tubercular diathesis, since his lungs are now undergoing tubercular degeneration.

2° He led a very intemperate life. The disease of which I think he is afflicted is rarely cured in intemperate people.

3° The leprosy bacillas and the tubercular bacillas are so nearly identical as to be easily mistaken one for the other.

4° The scales on Brennan are thin and not very adherent, filling the air as he removed his clothing.

5° Leprosy is rare, while the other disease is very common.

I would respectfully ask that you bring him to a place more easy of access and have him examined by a greater number of physicians.

September 21, 1889.

—, M. D.”

Business Items.

L. C. Carr, M. D., Professor of Obstetrics, Cincinnati College of Medicine and Surgery, Cincinnati, Ohio, says: "I have given Papine (Battle) a fair trial and am well pleased with its action, especially so in the case of an infant suffering with an attack of convulsions. Its action was speedy and safe."

Nailed to the Cross.—Messrs. Tarrant & Co., the importers and general American agents of the genuine Hoff's Malt Extract, have been sending out some very spicy circulars recently concerning the persistent and notorious attempts on the part of certain other malt extract importers to falsify German court records. The circular has the caption, "False Swearing" and every physician, who receives it should read it carefully.

The Perfect Antiseptic and Local Anæsthetic has yet to be invented and will probably be discovered along in the Christmas Holidays of the year of the Millenium 999—just before the final conflagration; but chemical science has furnished us with one that comes as near perfection as anything yet discovered in this sublunary sphere. It is known as Campho-phenique and if you have not given it a trial in your minor surgical cases, burns, bruises, cuts and lacerated wounds of all descriptions you are depriving yourself of a great weapon against inflammation and septicæmia.

A Good Microscope.—“Where can I get a good microscope? What make would you recommend?” are questions constantly addressed to the editors of the JOURNAL. In reply we would say that the term “good” is a relative one, and we can answer more definitely only when we know exactly for what purpose you want the instruments. We can say, however, that you will not go far astray if you write to Morris, Earls & Co., 1016 Chesnut Street, Philadelphia, for a catalogue of their instruments, and depend upon what they tell you concerning them. See their advertisement elsewhere.

Condurango Wine.—Although condurango has not entirely justified the claims made for it in the treatment of cancer, the experiments made with it have demonstrated its utility as a stomachic, and, in the form of condurango wine, it has grown to be very much in demand, especially in Europe. One fluid ounce of the wine represents 60 grains of condurango bark. Dose, one-half to one fluidounce. Parke, Davis, & Co. supply the wine and also a fluid and solid extract of this drug, and will also mail, on request, a working bulletin on condurango to physicians who wish more detailed information concerning it.

Colden's Liquid Beef Tonic.—This article has won a most enviable reputation among intelligent physicians, in the treatment of all cases of general debility. C. N. Crittenden, 115 Fulton St., New York, is the general agent for this great food.

Hypodermic Tablets.—The physician, who uses the hypodermic syringe should look over John Wyeth & Bros.' list of soluble compressed tablets, to be found on the red insert page of the present number. It embraces 74 remedies, and is "immense."

Arsenite of Copper Tablets.—An article by Dr. J. Aulde on the application of arsenite of copper in bowel affections, and especially in the diarrhœa of typhoid fever, was published in the July, 1889, *Therapeutic Gazette*. The results obtained by this investigation were so favorable to this remedy that Parke, Davis & Co. added to their list of tablets a 1-1000 grain arsenite of copper tablet, which makes a convenient method of preparing the solution commended by Dr. Aulde. One tablet should be dissolved in three, four to six ounces of water, of which the dose is a teaspoonful. Reprints of Dr. Aulde's article furnished physicians by Parke, Davis & Co. on request.

Powders for the Skin.—Nothing can be more grateful to the irritated skin than a well-made non-hygroscopic powder with a base like magnesium silicate, for instance. To the adult, after shaving, or as an application to chafes, such a powder frequently comes as a god-send, and for infant use there is absolutely no powder equal to it. Mr. Julius Fehr, of Hoboken, N. J., has taken advantage of this fact to make silicate of magnesia the basis of his Compound Talcum Baby Powder, which he properly characterizes as *the* hygienic dermal powder. It contains a small amount of carbolic and salicylic acid, the odor of the former properly masked. This powder is for sale by druggists generally, and costs only 25 cents. per box plain, or 50 cents perfumed.

Notes on New Remedies.—This is the taking title of a monthly publication issued by the great importing drug house of Lehn & Fink, of New York. Started at first as a sort of bulletin of their own importations, it has gone far beyond that, and is now one of the most interesting and reliable of the journals of therapeutics that come to us. In the last number there is an article on a new treatment of the opium habit that every physician should read most carefully. The drug recommended in the case is codeine prepared in a special manner, and in order to give those physicians who wish to try the new treatment a chance to do so, Lehn & Fink have procured a supply of the article. The address of the house is 128 William street, New York. Send for a copy of Notes on New Remedies.

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Original Contributions.

SURGICAL OBSERVATIONS DURING A VACATION VISIT TO GERMAN AND FRENCH HOSPITALS AND CLINICS.* By FRANK J. LUTZ, M. D., St. Louis.

It would be a tedious narrative and a useless recital of what is familiar to all who keep themselves abreast of modern thought and practice as reflected in medical literature, were I to make an effort to detail what appeared and was interesting to me during my visit to the various German and French hospitals.

On the other hand, it is calculated to fill one with pardonable enthusiasm to be brought in personal contact with the advanced workers in surgical science and to observe them doing their work under conditions and surroundings as nearly perfect as science and art, upheld on all sides by the free appropriation and judicious expenditure of public means, can make them.

All comparisons are odious, and many of them unjust. It would be unpardonable injustice to compare European state and municipal hospitals with our own. In spite of the fact that our extreme youth has not allowed us to develop proportionately in all directions, considering the short time of our existence, we have made such rapid strides as closely to crowd our trans-Atlantic professional brethren. In mechan-

*Read by request before the St. Louis Medical Society, Sept. 28th, 1889.

ical execution and good judgment, although not in scientific erudition and thoroughness, our surgeons compare most favorably with their more favored European confrères.

Aix la Chapelle.—The historic city of Aix la Chapelle is the seat of the Superior General of the Alexian Brothers, and since I had some business matters to arrange with that dignitary in connection with the erection of a large addition to the Brothers' Hospital of this city, my first visit on the continent was to the Hot Springs of Germany. The Alexian Brothers have charge of an asylum for idiotic boys, containing some three hundred of these unfortunates, who make splendid progress under the kind instruction and self-sacrificing care of these good religious. In the suburbs an insane asylum with 400 beds affords a home for male insane persons. It is conducted on the non-restraint system.

The beautiful city hospital of Aix la Chapelle is situated in the center of a park of some thirty acres and has 250 beds, of which 75 are surgical. I accompanied Dr. Krabbel, the surgeon-in-chief, through the wards, and saw an unusual number of interesting surgical cases, ovariotomies, herniotomies, resections, amputations, extirpations of the uterus, and a case of gastrostomy. In the operating room every precaution is taken to secure aseptic surroundings, but since it is also used as the surgical polyclinic room, the highest ideal is perhaps not reached. The only operation of any interest which was done on the first morning of our stay was the removal of a wedge-shaped piece of the right tibia, in a boy four years old, for the correction of a spiral deformity of rachitic origin. It was of especial interest to me because rickets occur so seldom with us. Here rickets and tuberculosis in children are common every-day diseases. It is a pitiful sight to observe these poorly fed, deformed little creatures. Nor is tuberculosis in adults less rare. Bed after bed tells the same story of inherited debility, malnutrition, and in many instances the number of scars after removed glands is limited only by the number of glands.

Among the operations done on the next day; a herniotomy, in a woman of about 30, has more than a passing interest. For several years, her physician said, she had suffered from a reducible inguinal hernia on the right side. For some months the tumor had been irreducible, but she never suf-

fered from the symptoms of incarceration. When the tumor, which was elastic and fluctuating and the size of a hen's egg, was opened, its contents proved to be hernial fluid, and the sac, which was peritoneal, could be traced as a cord through the inguinal canal, but the communication between it and the peritoneal cavity had been obliterated. The sac was ligated and cut off.

Hamburg.—If I were asked which of the many hospitals, which I saw, I considered the most perfect, I should unhesitatingly pronounce in favor of the new "Allgemeine Krankenhaus" of Hamburg. To the surgical world it is best known as the theatre of Schede's usefulness. I repeat only the universally expressed opinion of European Hospital superintendents and surgeons when I say it is the model hospital of the continent, and you will therefore perhaps indulge me a few minutes for a sketch of its construction.

Like our own City Hospitals and Insane Asylum, the old "Allgemeine Krankenhaus," which was intended for 1600 but in reality housed 2000 persons, had been so severely taxed for many years, that the authorities determined, in 1884, upon the erection of a new hospital, into which patients suffering from acute diseases and injuries, or, in other words, those requiring active remedial treatment with the most favorable surroundings, should be brought, reserving the old structure for chronic diseases, skin and venereal cases, and for a limited number of such urgent accident cases as could not safely be transported to the new building, a distance of two kilometers.

The hospital is situated on the northern limits of Strausberg, $4\frac{1}{2}$ kilometers from the center of the city, and since many of its patients are brought from the populous suburbs which surround Hamburg, some consideration was had for these in the locating of it.

The villages Eppendorf, Harvestehude, Rotherbaum and Winterhude have a population of 44,000, Eimsbuttel 37,000, St. Pauli, the western suburb, is inhabited by 70,000, mostly of the poorer classes. From these and the 400,000 inhabitants of Hamburg the hospital receives its inmates.

The grounds cover an area of 18,336 hectares (about 45 acres); the buildings have telephonic connection with all the

neighboring towns and villages, and, of course, with the old hospital.

The hospital is built upon the detached pavilion plan and consists of 73 isolated brick buildings, most of them one story high; 55 of these are wards; besides these there is an operating house, a bath house, a morgue and a house for disinfection; the others are occupied by the administration.

The medical division occupies 27 buildings with 671 beds; the surgical 18 buildings with 341 beds; 2 buildings with 108 beds are reserved for ophthalmic patients, and 8 buildings with 120 beds for epidemic diseases, in all about 1300 beds.

Each pavilion has, on an average, 30 beds and three single rooms with one bed in each. Besides these there is a separate building for the delirious containing 30 beds and six cells.

The administrative buildings are lighted by gas, and all the others by electricity; the city water works furnishes the water. All infectious materials, the stools of typhoid patients and tuberculous sputa are disinfected before they are thrown into the sewers.

The buildings are heated by hot water under high pressure; the pipes passing under the floors, and from them the rooms are heated; ventilation is secured directly through the windows and roof.

The floors are impervious, constructed of marble Terazzo, a mixture of crushed marble and cement; the walls are cement, painted with oil, the first four feet from the floor, the remainder is plastered with lime mortar. The roofs of the pavilions are the ceilings. Each pavilion covers 219 square meters and is five meters high; a covered airing porch 8 by 5 meters is connected by means of sliding doors and two windows with each ward. On one side of this porch are the water closets; on the other the bath room and tea-kitchen. At the opposite end of the pavilion are the attendants' room and three isolating rooms separated from the main building by a corridor.

The furniture of each patient consists of an iron bedstead with a spring and wool mattress, a table made of iron and glass and a chair of iron and wood.

Everything is substantial and neat, and can be easily and thoroughly cleaned. The materials are such as can not putrefy nor absorb: glass, iron and porcelain, and when only

wood could be used it has an oil paint finish. Rough surfaces, joints, corners and angles are carefully avoided. The cost of the ground and buildings is, in round numbers, five and a-half million of marks (about a million and a half dollars).

A letter of introduction from Dr. Unna to Prof. Kast, the director, secured for Dr. Stoffel and myself the kindest attention, and after escorting us through several of the typical buildings, we had the good fortune and pleasure of being presented to Dr. Schede, whose name is a household word to every surgeon. Dr. Schede is in charge of the surgical division; he is assisted in his work by a corps of eight assistants. He courteously invited us to the operating house, where several Spaniards, Frenchmen and Englishmen awaited his arrival. It is the Mecca to which European surgeons pilgrim, for nowhere are such perfect arrangements and appurtenances to be seen, nor can so many and such various surgical procedures be witnessed anywhere else.

The operating house was built according to the suggestion of Dr. Schede, who also superintended its furnishing and the purchase of the instruments. It is situated near the main entrance and in the center of the surgical pavilions. It is two stories high with a basement. A broad stone stair-case leads to the corridor which separates the two operating rooms. On the south side of the hall is the smaller operating room waiting room, and a laboratory in which plaster of Paris bandages, jackets, etc., are made. On the south side is the large operating and instrument room, and back of this a room where the materials for dressings are stored.

The operating rooms have octagonal bay windows, constructed of iron and glass, with double windows; the walls and ceilings are covered with glazed Mettlach stones; the floor is Terazzo, slightly slanting. Everything is constructed with a view to affording infectious material the smallest possible rough surfaces, projections and cornices to adhere to, and, on the other hand, to permit thorough and rapid disinfection of the entire room by means of liquid antiseptics.

The heating of the rooms is accomplished by radiation. First, there is the same arrangement for heating the floor as in the pavilions; then in the bay windows a system of vertical steam pipes extends up to the window sills; these are

covered by milk glass and the joints filled with caoutchouc. By these means the temperature of the room can be brought up to 30 C., even though the thermometer registers 20 C. below zero out doors. Between operations the rooms can be ventilated through movable panes of glass in the windows. The instrument and ante rooms are similarly constructed. The wash-stands are made of iron and milk glass, since marble is affected by antiseptics, even by boracic acid. The basement contains the heating apparatus, coal cellar, bath rooms for the surgeons and the rooms for the attendants. In the second story, the different sterilized and antiseptic gauzes and bandages are manufactured. The armamentarium chirurgicum, containing almost every useful instrument, all constructed after the most approved antiseptic patterns, is contained in iron and glass cases.

Such are the surroundings in which surgical operations are performed, and one need not be astonished at the success which follows the daring procedures which Schede feels justified in instituting. The ideal of asepticism is here realized. Nor is the material at their disposal unworthy of the surroundings. When we are told that, since the first of the year, 1500 capital operations have been performed by Schede and his assistants, we have some conception of the number and importance of the cases under their care. Schede, who is a bold, but careful operator, operates daily from eleven to two o'clock. At my first visit, he operated upon a woman, 25 years old, for a ventral hernia following a laparotomy done four years ago for pyosalpinx. An elliptical piece of the anterior abdominal wall was removed and the wound united—the peritoneum by means of buried wire sutures, the muscular and other layers by deep interrupted buried silk and the integument by a continuous cat-gut suture. For twisting the wire sutures he used a sigma-shaped instrument, (which I pass around) and which enables the operator to rapidly and securely twist the wire. The deep silk sutures were made with an immense spear-shaped curved needle, as thick as a bagging needle.

After this patient had been removed, a second woman, 24 years old, was brought into the operating room, whose left kidney was extirpated for hydronephrosis. It had reached the size of a large cocoanut. The clinical history informed

us that for days perfectly healthy urine was voided, and then again the excretion was purulent, indicating that one kidney was healthy, and that the pus which passed through the left ureter was penned up for a time. To determine the relationship of the colon to the tumor, the rectum was inflated with air before operating. The incision was made transversely, midway between the margin of the last rib and the crest of the ilium, and the tumor beautifully and elegantly enucleated extra-peritoneally and then the vessels ligated and the tumor cut off. The ureter was as large as the colon; where it passes over the brim of the pelvis a silk ligature was thrown around it and then cut off, and the stump sewed to the abdominal wall. It was found that an opening, large enough to admit a probe, passed from this sac to the bladder. The stump was now detached and the sac cut off below this opening, and the pedicle dropped. A drainage tube was inserted at the most dependent angle and the different layers were united by cat-gut and deep silk sutures.

In this, as in other cases, corrosive sublimate gauze was used as a dressing, and no iodoform.

Whilst Schede was busy with this patient, one of his assistants performed herniotomy on a woman about 30 years old for a strangulated femoral hernia on the right side. The intestine was gangrenous, and was allowed to remain outside of the cavity of the abdomen; its healthy margin having been attached to the opening by cat-gut sutures. The whole was covered by an iodoform gauze dressing.

The next patient, who, in the meantime, had been anæsthetized on the third operating table, was a woman who, some six months ago, had her left ovary extirpated for chronic oöphoritis, and who is now complaining of severe pain in the right. She was subjected to a rigorous examination, but no physical basis was found for her complaint, hence nothing was done at present.

The six months old babe who occupied the next vacant table, is suffering from congenital lympho-vascular cavernoma of the right thigh, which has a circumference as large as its body. The blood vessels are the size of a man's finger, and some of the more prominent nodules the size of large cherries. An abscess had formed in the popliteal space; it was opened, scraped with a sharp spoon and stuffed with iodoform gauze.

All the patients are brought into the operating room, dressed only in their skins, thoroughly cleaned and covered with sheets and blankets. They are carried from and to the pavilions in covered stretchers.

Chloroform is the anæsthetic employed. It is administered by attendants and nurses, who are experts in its administration. After each operation, the floors are flooded with antiseptic solutions, and all the instruments thoroughly cleaned, if they are to be again used. The perfect asepticism permits the use of buried silk and wire sutures, with almost invariable success.

I might, in a similar manner, continue to detail the work done on the other days, but the narration of these details is not interesting to you. Let me only enumerate the nature of another day's work done on male patients: peri-urethral abscess opened; osteotomy for caries of tibia; excision of knee joint; excision of head of femur in a boy; removal of submaxillary gland for calcareous degeneration.

In the case of caries of the tibia, the bone was excavated with the sharp spoon, and thoroughly cleansed; the skin was then united by interrupted cat-gut sutures and the cavity was allowed to become filled with blood, after Schede's method of healing by the organized blood clot. A sterilized gauze dressing was applied, which will remain undisturbed for three weeks, when healing will be expected to have taken place.

Nor was our visit to the private hospital for skin diseases of Dr. Unna less interesting or less instructive. It is truly international—so far as the patients are concerned—almost every clime and country is represented, and every kind of skin affection from eczema to leprosy. Of the latter I saw four cases, natives of Honolulu.

The immense clinical material of Hamburg is not utilized for medical students, but visiting physicians are in attendance daily, and the positions of assistant physicians are eagerly sought for by young men who are ambitious. Preference is given, in their selection, to the sons of Hamburgers.

Our city is as large as Hamburg, and as wealthy, and is, besides, ambitious to become a medical center, and yet "look on this picture, and on this."

Permit me also to mention the manner in which the "Anatomie," a structure corresponding to our Morgue is,

utilized for scientific purposes. Persons dying a violent death are examined here by the City's physician, the specimens obtained subserve their medico-legal purposes first and are then preserved in the museum, which contains many elegant and instructive specimens, among them the entire skeletons of persons who have been guillotined, the mode of capital punishment employed here. The only evidence of the terrible punishment inflicted is a clean cut through the cervical vertebræ. The little amphitheatre, with a seating capacity of about fifty, recalls to mind "the ancient and honorary guild of barbers and 'Chirurgeons.'" Lectures are delivered here to those barbers who may wish to become physicians' assistants, and add to their incomes by venesections, cupping, leeching, and first dressings. The basement of this building has a dry heat disinfecting apparatus, in which the clothes, bedding, etc., of persons in whose houses contagious or infectious diseases have raged, are disinfected for a nominal sum.

A CASE OF TYPHOID FEVER WITH SUBNORMAL TEMPERATURE AND PULSE.* By A. S. WILTSE, M. D., Skiddy, Kansas.

Mr. President and Gentlemen:—There may or may not be an abundance of literature upon this disease. If there is, I confess I have not seen even a modicum of it, and if it were very common I think I should have fallen in with at least a portion of it. If there be not, then there ought to be, and I haste to contribute my humble share. A few words of explanation: I shall write this article from the stand-point of the patient, only making such suggestions as to diagnosis, symptoms and treatment as any medical man when called upon to act in the role of patient may fairly be allowed to make. I give the address in full of the excellent physicians who attended me, purposely in order that any of you may address them upon the subject if you desire. Again: By the advice and at the special request of several well-known physicians, I have dwelt particularly upon certain remarkable psychological phenomena which occurred to me during my sickness.

This I should not have done without their expressed wish, as it might appear, to some, more in place for a religious con-

*Read before the Tri-state Medical Society of Tennessee, Alabama and Georgia, held at Chattanooga, Tenn., Oct. 15, 16 and 17, 1889.

vocation than at a medical society, or in a psychological than a medical journal. But our profession may be said to be onerous as regards matters of science, and as I act upon the advice of medical journalists wiser, by far, than I, I trust I shall be spared any unkind criticisms. What I relate shall be strictly true. To say typhoid fever with subnormal temperature, that is to say, in reality, fever with no fever sounds paradoxical, but I think there is no reasonable doubt of the identity of the diseases, for in my case every marked symptom of typhoid was present except the low muttering delirium and actual rise of temperature. Each symptom appeared in its proper time. Epistaxis, indeed, was slight, so very slight, indeed, that had the disease appeared in any but a physician it would probably have passed unnoticed being a mere stain of the nasal cavities on one occasion only and appearing early in the disease. Rose-colored spots over the abdomen, disappearing upon pressure, were abundant, as were sudamina also. Still, from the fact that the disease lacks the very element from which typhus and typhoid derive their names, one might, I think, with much show of justice, contend for a specific name for this disease, for there is, really, much in a name in medicine. I believe, however, that fewer practitioners will be led into errors of diagnosis and treatment, and thus humanity be better served, for the present, at least, by leaving the name as it is, than by being ultra-scientific in the matter of nomenclature.

I have no literature upon the disease, and cannot, therefore, cite any authorities. The disease is, in my opinion, a very rare and very formidable one, and is, of course, liable to occur in any one's practice, and should, therefore, be as thoroughly understood as possible.

On the 22nd day of June, 1889, I was seized with nausea severe enough to cause me to prescribe an emetic "a la Roman" for myself, as I supposed the nausea to be due to a small amount of schmier-kæse I had eaten for breakfast. The stomach was emptied by merely thrusting the finger down the throat, but the nausea continued until late in the afternoon, when the temperature rose half a degree, at which point it continued that day and the next falling then to normal. The next day I walked eight or ten miles to attend patients as I did also on the day but one following.

On the fifth or sixth day following I rode four miles to the residence of Dr. S. W. Cooper, of Wartburg, Tennessee, and, in consultation with Dr. S. H. Raines, of Kismet, Tennessee, sat up most of the night with three of his children, sick of typhoid fever of the ordinary type. This routine of affairs was continued for two or three days, when I found myself too ill to attend to my service, and telling my family that I believed I had typhoid fever, I called Drs. Cooper and Raines who found my temperature one-half a degree below normal, pulse somewhat slow and weak, bowels tympanitic, tenderness and gurgling in the right iliac. I might as well explain before going farther that since my recovery I have moved from Tennessee to my present locality, and having no data whatever, outside of memory, for reference, I am somewhat crippled in regard to dates. Also that for many years my left shoulder has been a little lower than my right one, and I have at times suspected cardiac disease from sometimes feeling a dull pain in that region, but as counter-irritation promptly relieves it, and it is but slight, anyway, I have given it very little attention. Some three years ago Dr. Arthur Hume, of Owasso, Mich., examined me and could find nothing abnormal about the heart, although the chest was one and a-half inches larger on the left side than on the right. Although I am a right-handed man, I have always carried weights on the left shoulder, even from childhood, and cannot carry weight upon the right from mere force of habit. Some twenty years ago, I failed to pass for life insurance being examined for the company by Dr. Hamilton, of Chattanooga, Tennessee, who remarked that I was a perfect man physically for aught he could find to the contrary, except that my heart was strangely slow, giving then through several daily examinations only sixty beats per minute, while my temperature would suggest eighty or eighty-five.

These facts may partly account for the marked cardiac trouble in my case, and thus set the reader right as to the real nature of the disease *per se*. If there is organic trouble with my heart, most likely the cardiac symptoms were greater in my case than would occur in a patient who should possess a healthy heart.

Undoubtedly, however, much cardiac weakness belongs to the disease in question.

My physicians agreed with me as to the probability of my having typhoid fever, and I was put upon a liquid diet, with digitalis for the cardiac weakness.

Toward the end of the second week it was a matter of doubt in my mind whether I was sick at all, and I told my physicians that if it was typhoid fever it was an improved style, and I should claim a patent on it. But I felt weak and ill at ease, and was prone to seek my couch frequently during the day, but only for a few minutes at a time, as I was so restless and nervous that I could not remain long in any condition of rest.

About this time, the Cumberland Plateau Medical Society met at my residence, and Dr. A. Jones, of Deer Lodge, Tenn., was asked to assist in my case. My disease was thoroughly overhauled by the Society, and all agreed in the diagnosis: Typhoid fever with subnormal temperature and pulse. The temperature then being two degrees below normal, and pulse forty beats per minute, weak, and so irregular that it was difficult to count it with precision. By this time, opium was demanded quite constantly for the control of the bowels.

From the very outset of the disease, I suffered slight neuralgic pains through the shoulders and neck, as well as a great amount of ill-defined distress in the precordial region.

In a few days the pulse was falling, sometimes as low as 32, and the temperature to 3° below normal. I was still able to walk about the room, and passed a goodly portion of my time sitting or lying upon the porch, although I was compelled often to go to bed on account of being cold. I was as greedy of blankets and overcoats as Southeys Harry Gill, although my teeth did not chatter like his. There was a peculiarity about this coldness that it may be serviceable to mention. I was not chilly, in the usual sense of the word, but my skin seemed to have dissolved partnership with the rest of my body, and to have gone into the refrigerating business on its own hook. It had a clammy, dead feel, and was decidedly cold to the touch, even of my own hand, and, I have no doubt, felt colder still to the hands of well people.

Hot lapstones to my feet and back would, indeed, produce free perspiration, but this seemed only to increase the evil by the evaporation and discomfort it brought about. On the ninth of August my sister came to visit me from Michigan,

and I met her upon the porch, where I stood and talked for some time, when she noticed that I turned suddenly pale, and although I noticed little change save some additional cardiac distress, I was hustled off to bed. I think it was upon that night that while sleeping, some kind of horrible sensation of suffocation seized me, and I rose to a sitting posture even before fairly awake. It was an awful distress, not to be described, but was something as if heart, breath and all the machinery of life had suddenly clogged and was about to stop. I rallied both sense and strength in a few minutes, for, fortunately, the terrible feeling passed off. But, believing I had suffered from a small heart clot, I sent for Dr. Raines, who came very hurriedly and armed for the occasion, even though I had sent him no word of the symptoms, for he had, it seemed, been fearing and watching for it. He sat by me the rest of the night administering brandy and ammonia at intervals, and I had no more trouble that night, although the same thing in still more alarming form happened to me again only a night or two later.

I began to think I did not want a patent on my new kind of typhoid fever.

As to happenings about this time, my memory is indistinct. I recollect advising my family to telegraph for my brother at Chattanooga, telling my family that I was in great danger, although I believed I should recover, as I had work which I thought must be finished, and from that moment until the Sunday following, I know nothing. On Sunday, I was seized with a strange numbness of the whole body. My flesh seemed to me to quiver and flutter in small and independent sections. At the same time, all my faculties were roused to their utmost. This is death, I exclaimed, unless we can conquer it! I felt that I had not time to describe my symptoms to the physicians, and in the extremity of my need, I ordered my own treatment. I sent a messenger to empty the church and hurry as many as could or would come to rub me, changing relays as often as any were fatigued, that I might borrow all the vital energy I could from others. I also had cloths wrung out of very hot water applied constantly, so hot that they were sharply painful. My mind was so clear that I watched the faces of those who were rubbing me, and ordered the changes of relays as I saw fatigue

in their faces. I cheered and encouraged them by announcing any favorable symptoms I felt, but as to the issue for that day my memory, even to this hour, is at fault, for it seems to me that I recovered from the paroxysm, while the fact is that I sank into unconsciousness, and although I talked rationally during the Monday and Tuesday following, I have not the slightest recollection of those two days. They are blanks in the calendar of my life.

An exactly similar attack came on Wednesday. Again my faculties rose to the occasion, so that my recollection of even the minutiae of those hours is as clear as that of any point of my life. The attack was sudden and desperate, and fearing to lose the precious moments it would take to tell the physician present what was necessary for him to be told, I cried out my commands with the energy and haste of a commander in battle. The same principles of treatment as on the Sunday previous, with the additional precaution of insulating my couch by placing the posts in glass tumblers, that, if possible, I might lose no spark of electricity. An hour or so of hard work on the part of my friends, and the convulsions were gone, but so, also, was the pulse and most of my strength.

I now concluded that all effort to save my life was only "love's labor lost." The signs of dissolution were fast following each other—hiccough, inability to swallow, stiffness of the limbs, numbness of the whole body, and I knew by the faces of my friends, as well as that of the kind-hearted physician, that they believed me in a dying condition. I asked about my pulse, being too weak to get the one hand over to the other to find out for myself. I looked closely at the doctor's face as he went through the form of taking my pulse, and, bless his dear, kind heart, he told me a whopper, and I knew it, and politely reminded him to that effect, and asked for facts. Then I got them: my pulse was gone, and so had been for some time. I asked if I was perfectly in possession of my mind, so that what I might say should be worthy of being relied upon. Being answered in the decided affirmative, I bade adieu to family and friends, giving such advice and consolation to each and all as I deemed best, conversed upon the proofs pro and con of immortality, and called upon each and all to take testimony for themselves by watch-

ing the action of my mind, in the bodily state in which they saw me, and finally, as my pupils fell open, and vision began to fail, and my voice to weaken, feeling a sense of drowsiness come over me, with a strong effort, I straightened my stiffened legs, got my arms over the breast, and clasped the fast stiffening fingers, and soon sank into utter unconsciousness.

I passed about four hours in all without pulse or perceptible heart-beat, as I am informed by Dr. S. H. Raines, who was the only physician present. During a portion of this time several of the bystanders thought I was dead, and such a report being carried outside, the village church bell was tolled. Dr. Raines informs me, however, that by bringing his eyes close to my face, he could perceive an occasional short gasp, so very light as to be barely perceptible, and that he was upon the point, several times, of saying, "He is dead," when a gasp would occur in time to check him.

He thrust a needle deep into the flesh at different points from the feet to the hips, but got no response.

Although I was pulseless about four hours, this state of apparent death lasted only about half-an-hour.

As this paper has been engaged for publication in whole and in part by several different papers and one Medical Journal, I shall, for their convenience, divide it into three parts: The first including the symptoms, as described, down to the time of my apparent death, with the treatment, which consisted mainly in opiates for the control of the bowels, digitalis, ammonia carb., and alcoholic stimulants for the heat and heart failure. We began early in the case with alcoholic stimulants, which I am well satisfied was a mistake. In this opinion I am supported by the physicians who attended me, and by at least one writer upon the subject. No blame can attach to the physicians, however, as none of us had ever seen such a case, and in a country practice large libraries are not to be reached just any day, and as above stated, the literature of this disease is meagre.

I would advise alcohol to be reserved until late in the disease, lest, as in my case, when the most urgent need comes, the stomach will be so wearied with it as to reject it entirely, and thus we shall lose the good of one of our strongest allies. The low temperature is a leading feature of the disease, and

I think alcohol in the early stages adds to the evil, and I presume quinine would do the same.

No quinine was used in my case.

I would advise external heat and friction, with flannel blankets next the skin to avoid loss of heat. Cotton and linen sheets should not be used on account of their thievish conducting powers.

For the heart-failure, digitalis, carbonate of ammonia, etc., and in view of the great danger of heart-clot, the patient should be closely watched by a trained nurse while sleeping, and should assume any upright posture as little as possible, in short, not at all, as it absolutely endangers life.

If neuralgic pains are severe, of course, anodynes are indicated. In my own case they were not severe enough to merit attention, although the opiates for the bowels may be responsible for this fact.

As to the treatment of the convulsions, I had rather be advised than to advise. I have serious doubts of the advisability of administering narcotics, as it seems to me that anything of that nature would have been fatal. Valerian, bromide of potassium, or something in that line, would, I think, do good. But the friction and heat must not be neglected.

[NOTE.—In the next number of the JOURNAL, the remainder of this paper, detailing the curious psychological phenomena, which were experienced by the author, will be given.—Editors ST. LOUIS MEDICAL AND SURGICAL JOURNAL.]

THE WHISTLE SIGNAL—A PLEA FOR THE MORE SAFE MANAGEMENT OF RAILROADS. Abstract of a Paper by ROBERT BARCLAY, M. D., of St. Louis.*

The attention of railway surgeons is called to deafness in employes, and consequent dangers which threaten life and property under frequently occurring circumstances. Since officers and employes must, in this matter, rely wholly upon their surgeons, it is held to be the duty of the latter to forewarn and advise the former.

* Read at the second annual meeting of the National Association of Railway Surgeons of America, in St Louis, May 2, 1889. The Association considered the suggestions here embodied so valuable that it instructed its Executive Committee to print the paper, along with the address of the President, Dr. J. W. Jackson, of Kansas City, Mo., and forward copies to the managers of every railway in the United States.—EDS. ST LOUIS MEDICAL AND SURGICAL JOURNAL.

A comment is made upon the indifference to this matter on the part of those whose interests are involved—the corporation, employer, and traveling public. The railway surgeon is presumed to have familiarized himself with such practical details of the operating department as shall have familiarized him with its attendant dangers. Among these, he must certainly recognise the possibility of accident involving loss of life and property, consequent to deafness of an employe to whom an acoustic signal has been sent forth, notwithstanding that the code of signals and answer signals aims to provide for such contingency. If certain precautions be taken, accident from this cause may be rendered almost impossible.

Those who investigate the causes of accident, through oversight or inexperience, very rarely recognise and report this cause, but so far from this being a reason for neglect, it is, to thinking men, a cogent reason why greater care should be used. The possibility of losses to the corporation through damage suits, of injury, disability, or death to the employe; and losses to the traveling public, are certainly sufficient reason for more careful provision against unnecessary risk.

Deafness among railroad employes we often meet with, as might have been expected under the circumstances in which the employe is placed; for every organ and organism, when transferred to new surroundings and conditions, is compelled to perform new functions, which induce corresponding structural modifications. These changes in function and structure are adaptive and compensatory, if not interfered with by noxious influences. In railroad service the ear is acted upon by exposure to sudden and continuous acute and loud noises, and repeated concussions, it is forced to remain at high tension and alter its secretions, circulation, etc., to suit the atmospheric changes; it is exposed externally, and through the nose and Eustachian tube its middle transmitting portion, the drum cavity also—to different kinds of dust, noxious gases, drafts of air, and sudden changes of temperature when entering or leaving cuts, covered depots, close valleys, tunnels, etc., exposure in all kinds of weather and at all seasons; and protracted duty at times.

Modifications from the foregoing causes in an ear which is healthy, before and throughout railway service, will be made slowly and proceed only so far as is advantageous to the

employe, since the ear acquires power to resist the evils of exposure, while retaining its hearing for ordinary sounds, such as the voice, for example, which an ear with normal hearing cannot do here.

This is so well known to occur in mechanics, metal-workers, engineers, etc., that it is permissible to use the term "mechanic's ear" in speaking of one with such modified functions. For instance, boiler-makers, while at work converse in an ordinary tone of voice, unintelligible to a person whose hearing is normal in quiet surroundings elsewhere. Again, if a rather deaf boiler-maker and yourself are addressed in a quiet place in a low tone of voice, though heard by you the remark may be unheard by him; while, if you both now repair to the boiler shop and stand near the men at work, a similar remark, made in the same low tone of voice, will be heard by him and not by you. It has been reported that some boiler-makers, after forty years' service in their occupation, do not experience deafness, but the ear in such cases must, before and throughout, have been perfectly healthy.

If, however, any inflammatory action, even so slight as to have been overlooked, shall have been established in the ear before beginning service in the machine shop or on the road, the ear becomes more liable to sudden and profound deafness. Notwithstanding, the officer of the road employs him, also unconscious of his danger, and assigns him a duty whose performance impairs his efficiency, and renders him less and less fitted for a position where important interests depend upon his hearing. Such deafness usually develops insidiously and is overlooked, unless through sudden aggravation from exposure, or through accident, brought to the employe's attention. The causes which produce sudden and profound deafness being ever present in railroad service, freedom from aural affections at one time can give no assurance against future development thereof.

The author then states that, of the many cases of deafness among railway employes seen by him, there were, during the past year, for example, fourteen from the machine and boiler shops, ten from those engaged in track work, two station agents and telegraph operators, three watchmen, one switchman, two train baggagemen, five conductors, four brakemen, seven locomotive firemen, and eight locomotive engineers,

whose deafness interfered with proper performance of their duty, and caused them more or less anxiety. It is then suggested that each railway surgeon present in proper form the facts discussed in this paper to his respective corporate officers, whose duty it is to employ, superintend, and direct men in the machine shop or on the road; and that the employe, as well, be informed of these facts, and of the danger that deafness brings to himself, the corporation, and those placed under his care.

In view of the fact that the conditions of railroad service tend to the production of deafness, more especially in those whose ears have already become slightly affected; that this may develop at any time without knowledge of the employe, or, if recognised, be ignored by him, and subsequently become very suddenly aggravated while he is on duty; that it may be the cause of accident, involving loss of life, limb, and property, and entangle the corporation in suits for damages, the corporation should protect itself by admitting no applicant to employment in the machine shop or the road until he shall first have been pronounced duly qualified therefor by the company's aural surgeon.

All candidates for promotion from the machine shop to positions on the locomotive engines, and from the position of locomotive fireman to that of engineer should, before receiving promotion, be pronounced duly qualified therefor by the aural surgeon. All employes whatever, in the machine shop or on the road, in consequence of whose deafness loss of life, limb, or property might result, should report at stated intervals to the aural surgeon for his examination. If, on examination, deafness be so profound as to otherwise endanger the life of the employe and that of others placed under his official care, he should be told thereof, warned, and forthwith be relieved from duty to undergo suitable treatment.

If in the faithful discharge of his duty to the company the employe become permanently disabled by deafness, he should not therefore be dismissed from the company's service to earn his daily bread at the risk of his life and that of others on some other road, but the corporation which he has so faithfully served should consult its best interests by pensioning him, or else providing remunerative employment for him in some other suitable position where no special danger

will attend his deafness. Lest the service of a qualified applicant or employe be lost, or an inefficient one engaged, the company should take the precaution to have these aural examinations properly made.

The writer, in concluding, enjoins upon all in this matter observance of the order, which reads, "*Remember the rule that requires all employes, in all cases of doubt to take the side of safety.*"

For the convenience of those who wish to secure further light upon this subject, an extended bibliography has been appended to the paper.

Correspondence.

REMINISCENT.

EDITORS JOURNAL:

Some months ago you had references to your "oldest subscribers." Although not entitled to rank among these, I can show claims as being one of the *older* supporters of what I believe is the oldest medical journalistic enterprise in the city of St. Louis. The enclosed cheque will pay for my 31st annual subscription, if I am not mistaken. This calls to mind so many reminiscences of the past that, at the risk of being deemed egotistical, I will, with your permission, refer to some of them, hoping thus to reopen communication with many fellow-alumni of our beloved Alma Mater, the St. Louis Medical College, who, like myself, no doubt, are admiring and warm friends of your excellent monthly. After an exacting three years' study under my preceptor in Saline County, Mo., I entered college in the fall of 1857. A student's freak caused many of my class to domicile ourselves towards the close of winter, in what was then known as the "Pacific Hotel," situated on Poplar and Seventh streets. Late in February of '59 that hostelry was burned to the ground in the small hours of the night, and the older inhabitants of St. Louis will remember it as a veritable holocaust in which thirty odd human lives were lost. Fortunately, only two out of the thirty or forty medical students who had boarded there were in the house on that fatal night. My room-mate and

myself escaped in our night clothing only, wending our way barefooted through the snow, six inches deep, to a friendly shelter, where other students kindly supplied our immediate needs. Returning to my home soon after, I entered into the practice as a sort of apprentice to an older brother, and returning in the winter of '59 and '60, I took my degree.

Resuming the practice in Saline County in the spring, and soon after marrying my former preceptor's daughter, my hitherto happy and placid life was rudely broken in upon by the outbreak of the war between the States. Having contracted a chronic disease from exposure during my last course of lectures, I was unfitted for a soldier; and withstood the temptations of inclination and flattering offers to join my fortunes with those who represented the cause which was "lost." After suffering for a year or two from all the horrors of border warfare, I determined to take my family to some place of safety, and, by advice of a medical friend, came to this place, where I have been for more than a quarter of a century. In attending the graduating exercises of the St. Louis Medical College in 1885—just a quarter of a century after receiving my own degree, I had the pleasure of seeing the degree conferred on my own son, and also the son of a former much-loved classmate and fellow-graduate. But the pleasure on this occasion was marred by the absence from the platform of so many of my old faculty—only Profs. Litton and J. B. Johnson remaining. Linton, the philosopher, who edited the JOURNAL when I first took it; Watters, the profound thinker and metaphysician and physiologist, who contributed copiously to the JOURNAL's pages; Pope, the superb surgeon; Pallen, the eloquent teacher—these had all gone to their reward; while M'Pheeters, the conscientious teacher; and Stevens, the anatomist *par excellence*, were missing—filling their positions in other spheres. It is true that in the places of Pope and M'Pheeters, I saw Gregory and Alleyne—the first, in my day, demonstrator of anatomy, and both my quiz-masters in the "Institutes of Medicine," and for whom I cherish the most profound respect and affection, and without whose genius and profound knowledge, coupled with a professional and personal honesty as steadfast and unobtrusive as it has been sure and unmistakable, the faculty and profession of the West would have

missed some of the foundation stones on which their fame securely rests. I say this, not in disparagement of other men or other faculties, but simply as a statement of facts within my knowledge. All honor to the bright and capable men who have filled the vacancies of those whose names have been mentioned, as well as to that host of those in and out of other faculties, who have contributed towards making St. Louis what she really is, a great centre of medical learning. Let one who has an interest in them admonish the ambitious young men who have lately brought reproach upon the profession in your city by unseemly contentions, to desist from such a course and turn their thoughts towards simulating the examples of the older and grander men who have labored, not in vain, to give the younger generation opportunities unlimited for acquiring fame in the noblest of all professions.

Collinsville, Ill., March, 1889.

A. M. POWELL.

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THE REVISION OF THE PHARMACOPÆIA.

At high noon, May 7th, 1890, there will convene in Washington, D. C., a body of men charged with the important duty of preparing the seventh decennial revision of the Pharmacopœia Americana, the only work which, under our system of government can lay claim to being an authoritative guide, obedience to whose dicta, by unwritten law, at least, is incumbent upon every physician and pharmacist in the land. As few physicians are aware of the methods of this revision

and importance, a few words thereon may not be inappropriate.

The last convention was held in Washington, D. C., May 5, 1880, and before adjournment adopted the following plan for the convocation of the coming one:

"The president of this convention (Robert Amory, M. D., of Brookline, Mass.) shall on or about May 1, 1889, issue a notice requesting the several incorporated medical societies, the incorporated medical colleges, incorporated colleges of pharmacy, incorporated pharmaceutical associations throughout the United States, the American Medical Association and the American Pharmaceutical Association, to elect a number of delegates not exceeding three (3) each, and the Surgeon General of the Army, Surgeon General of the Navy, and the Surgeon General of the Marine Hospital Service to appoint, each, three medical officers, to attend a general convention for the revision of the United States Pharmacopœia to be held in Washington, D. C., on the first Wednesday in May, 1890."

"The several medical and pharmaceutical bodies mentioned, and the United States departments shall be further requested by the president to submit the Pharmacopœia to a careful revision and to transmit the results of their labors through their delegates, to the permanent Committee on Revision (appointed by that convention and holding and to hold office until the meeting of the next convention in 1890) at least three months before the meeting of the next convention."

In obedience to this plan Dr. Amory issued his call last May, and most of the associations, societies and institutions having the right to participate in the revision have already named or chosen their representatives. Many of them appointed committees on revision of the pharmacopœia years ago, and these have been continually engaged in the study of the work, which is before them. A notable example of this forethought is seen in the American Pharmaceutical Association.

This large and influential body, several years ago, appointed a standing Committee on Revision of the Pharmacopœia, whereof Mr. Albert E. Ebert, of Chicago, was and Dr. Charles Price, of New York, is now chairman. This committee, some years ago, devised a system of blanks, which were sent in quantity to the secretary of each State Pharmaceutical Association for distribution among the members, and also directly to such pharmacists and others as desire them. They were arranged by titles with space left for remarks, re-

plies, notes, etc., and when filled were returned directly to the secretary of the committee. The committee then digested the criticisms, and has already issued two fasciculi of the collated digest.

Numerous State Pharmaceutical Associations—in fact nearly all of them, have followed the excellent example of the American Association and, as a consequence, the pharmacists, as a profession and a class, will go into the convention thoroughly prepared for their work, knowing just what they want to do and how to do it.

How is it with the physician? How many medical societies or associations have given the matter a single thought? And yet this next revision of the pharmacopœia will be the most important in the history of the work. Not only will the convention have to deal with a very large number of totally new and important articles, which have been introduced within the past ten years—the synthetics antipyrine, antifebrine, sulphonal, salol, etc., the new vegetable alkaloids, glucosides, etc., new products of pharmaceutical chemistry—all of which will be clamoring for admission, but it will have to exercise its discretion in dropping from the book a very large number of titles which now serve only as an encumbrance of its pages. The convention will have to choose between modern, simple and rational methods of procedure as against antiquated and faulty ones. Indeed, its whole effort must be to simplify and to modernize the pharmacopœia to bring it into accord with the simpler and more rational therapeutics of to-day.

Fortunately, several European nations and especially those to whom are due most of the advances in chemistry and pharmacy of late years—Germany and Austria, have recently issued revised pharmacopœias, and we will have these works and the records of the proceedings of their pharmacopœial commissions to serve as examples and, to a certain extent as guides, enabling us to show some of their mistakes as well as take advantage of their successes.

We sincerely hope that those medical associations and institutions, which have as yet made no preparations for their share in this great and important work will arouse themselves to the exigencies of the situation as well as the magnitude of the opportunity. The Pharmacopœia to become valuable as an adjunct to the education of the medical student must be

fitted to the requirements of that student regarded simply as a future wielder of the weapons against disease, which it puts into his hands.

PRACTICAL AND THEORETICAL MEDICINE.

It is not so very long ago that medical literature bore an aspect which would scarcely be recognized now. In the days of the beginning of modern medicine men of profound thought were the writers but they, in common with all those who wielded the pen in those times, were inclined to be speculative in their modes of treatment of the subjects upon which they wrote. To them it was a pleasant task to propound and discuss theories and a pleasure to digest the ideas of others laid before them in similar manner. Medical books and publications of that period teem with evidences of this tendency and it was not until the more accurate and refined means were given to physicians whereby they were enabled to pursue their art with more precision and thoroughness that this tendency to theorize saw its decadence.

Not that it has disappeared. Far from it, but the modern speculations are based upon certain experimental and clinical facts and instead of fitting these to a theory the latter is now formulated in accordance with accurately recorded observations. The modern tendency is of a very practical character. All branches of science have received impulses such as have proven of the highest value to medicine and the results have been proportionately valuable. Take but a glance at to-day's medical periodicals and it is but exceptionally that we find one of the old time speculative articles. The records of cases, the observations of clinical facts, the actions of remedies, surgical methods and procedures, etc., are the subject matter which we find.

Instead of being treated to more or less confused ideas and a chaotic mass of more or less clear ideas we are brought face to face with that which has been observed and from this we are led to the logical conclusions to be deduced therefrom and to the practical results attainable.

The question which naturally arises is whether the pendulum is going to swing to the opposite extreme. If so, will not the reaction work harm? Will it not cause a tendency to

lapse into a sort of empiricism. While, it is true enough that almost the entire practice of medicine is empirical to a certain degree, modern methods have divested the art of a great deal of this fault. It is pleasant to theorize and speculate upon the problems of medicine and there is no doubt that the early dreamers laid the foundation of modern medicine. Will the next generation render the edifice so top-heavy that it will topple over crushed by its own weight? Time alone can show and the reaction, if it occur, will be followed let us hope by a period in which the better elements of both extremes will be combined.

Microscopy.

Death of Dr. F. L. Newcomer.—Members of the American Society of Microscopists and workers with the instrument all over the country will be pained to learn of the death of Dr. F. L. Newcomer, of Indianapolis—one of the most genial and kindly of the little circle who assisted in the birth of the organization, and a noble and generous man whom it was a pleasure to meet and know. He had been in ill-health for some time before his demise, which took place early in September, near Indianapolis. A warmly appreciative obituary notice of the deceased appeared in the *Indiana Pharmacist* for September 15.

Zeiss' Compensating Eye-piece.—In answer to a correspondent (in the *English Mechanic*) who asks whether Zeiss' compensating eye-piece can be used to advantage with the ordinary achromatic objectives, Mr. E. M. Nelson, the well-known English microscopist, says that these eye-pieces without doubt improve the definition in combination with these objectives. The difference in the performance between these eye-pieces and Huyghenians, with achromatic objectives, is not so great as with apochromatic objectives. One great charm about them is that they fatigue the eye much less than the Huyghenian, especially in deep powers.

Liquid Marine Glue.—The articles sold under this name by the dealers in microscopical accessories are not marine glue at all, and consist (as far as we can speak from the examination of several samples) of a solution of India rubber or

gutta percha in naphtha. They are slow drying, sticking to the hands for days after their application, and contain so little body that it requires several application of any one of them to make a safe joint. A true liquid marine glue is easily made by dissolving any of the better class of solid marine glues in the market, in a mixture of equal parts of absolute alcohol and pure benzol. The resultant solution dries comparatively rapidly, has a good body, and is of great tenacity.

The American Society of Microscopists.—We learn that pressing invitations have been received by the Executive Committee from both Detroit, Mich.; and Louisville, Ky.; soliciting the Society to meet at the respective points next year. It is too early, of course, to speak with any degree of certainty, but the chances are now in favor of Detroit. The only reason why Louisville is not so much of a favourite, however, is that the meeting must be held in the summer (usually in August), and many of the northern and eastern members would hesitate to go southward at that time of the year. Those who know Louisville are aware that, so far as entertainment goes, no more desirable point could be chosen. Kentucky hospitality is famous, and we are assured that those extending the invitation would see that it was exercised to the very limit. An argument in favor of it is that meeting in the South would probably extend the membership in a direction in which it is now deficient.

The Shape of Human Spermatozoa.—In preparing some illustrations, not long since, for a little text-book on skin diseases by my confrère, Dr. Ohmann-Dumesnil, I was struck with the incorrectness of most of the engravings of many microscopical objects which were found in even the latest of the text-books. On comparing a number of these with other and older works, I found that the latest were frequently but copies of the more ancient ones, and that authors and publishers had thus gone on, reproducing from time to time the errors of their predecessors. Considering the advances made in micrography, in photomicrography and photo-engraving, the illustrations, or "cuts" would probably be the better word, are inexcusable anachronisms, and it is to be hoped that in future works, on subjects requiring illustration, use will be made of the more modern methods. Mr. E. M. Nel-

son, in the *Journal of the Quackett Club*, has called attention to the continued pictorial misrepresentation of the shape of the human spermatic cells or "spermatozoa," the head of which has hitherto been most persistently incorrectly delineated. Mr. Nelson accompanies his article with a plate giving what all who have carefully studied the cell must pronounce a very nearly correct representation of it. As he states, in nearly all drawings hitherto published, the larger end of the ovoid has been turned toward the "tail," whereas the smaller should occupy this position. In Mr. Nelson's drawings, the head fits into a cup-like cavity not hitherto observed or, at least, delineated. He also shows a flagellum, or *filament*, as he calls it, on the head, the function of which is stated to be the guidance of the spermatozoon into the micro-pyle of the ovum.

Flagellate Bacteria.—Loeffler has just published, in the *Centralblatt fuer Bakteriologie*, a paper illustrated with a number of photomicrographs of flagellate microbes, comprising one micrococcus and several bacilli, the flagellæ of which he has demonstrated by the application of an entirely new method of staining, as follows:

Stain: Into an Erlenmeyer flask containing from four to five grains of any one of the anilin colors commonly used for microscopic staining (fuchsin, methyl blue or methyl violet), pour 100 cubic centimeters of anilin water made in the usual manner (by saturation of water with anilin oil by agitation and filtering) and to which has been added one cubic centimeter of a one per-cent solution of sodium hydrate; close with a rubber stopper and agitate until solution takes place. This is the stock fluid from which a few drops may be filtered into a watch-glass as required.

Mordaunt. Add to ten cubic centimeters of a 20 per cent aqueous solution of tannic acid, drop by drop, an aqueous solution of ferrous sulphate, until a black violet color is obtained. In another vessel rub up one part of extract of log-wood with eight parts of distilled water, and add, cautiously, sufficient of this liquid to the first solution until the color of the latter is changed from a blue-black to a muddy dark violet, ceasing the addition before a precipitate is thrown down. As a preservative, add four to five cubic centimeters of a five per cent aqueous solution of carbolic acid.

To use: Prepare the cover glasses in the usual way, by spreading the material, passing through flame, etc., and flood them with the mordaunt, carefully steaming them over the flame for a few seconds. Rinse with plenty of water and thoroughly remove all excess of mordaunt. Float the stain on the preparation and steam gently over the flame for a few minutes, being careful not to scorch. When fuchsin is used, the process is complete when the coverglass assumes a blackish red color. Thorough rinsing under the tap finishes the operation, and the preparation may be examined at once, or mounted in the usual way.

F. L. J.

Dermatology and Genito-Urinary Diseases.

An Outbreak of Syphilis following Tattooing.—A private, who had obtained quite a reputation as a tattooer, is said by H. R. Whitehead (*British Medical Journal*), to have exercised his art on ten soldiers in the space of six months. Five of the men contracted syphilis. The chancres in all these cases were single, and appeared in the first place pricked. The stage of incubation was short, and the attacks rather severe; this being due, in all probability, to the fact that most of the cases had previously suffered from ague. The cause of the inoculation was the fact that the tattooer cleaned the surface of the skin he was operating upon with his saliva. The arms being the seat of the chancre marked induration of the brachial and axillary glands was observed in each case.

Impeticula Capillitii.—Under this name is described an affection having characteristics similar to those of impetigo, by Dr. T. Pavloff (*Monatshefte fuer Praktische Dermatologie*). It appears at first as small vesicles, having clear contents. These rupture spontaneously or are scratched open. Crusts form, and upon their removal a dark-red, moist base is brought to view. Itching is slight. It appears that only the scalp or those parts along its borders are attacked. The author isolated some micrococci, and pure cultivations produced the disease when inoculated upon himself. In a case described, of a woman of 39, it appeared that three out of six

of her children had the trouble. While the general health remains good, the lymphatic glands in the neighborhood of the eruption enlarge. The hairs remain unaltered.

Psoriasis and Purpura Rheumatica.—Dr. J. A. Fordyce details an interesting case of this rare combination of diseases in the *Journal of Cutaneous and Genito-Urinary Diseases*, a very good plate accompanying the paper. On parts of the cutaneous surface of the patient each disease has preserved its own characteristics ; on other parts they are combined, presenting, however, the distinctive marks of both. Such a union of these diseases has not been described heretofore. An interesting point in connection with this is the fact that rheumatism has been held accountable for the production of psoriasis and of purpura. Still, in the present case, the association of the two diseases is regarded by the author as purely accidental. In a review of the possibility of rheumatism being a cause of psoriasis, he rejects the opinion as untenable upon the facts which have been presented in support of it.

Early Tertiary Syphilis.—In an investigation of the question as to the early appearance of tertiary syphilis, Dr. George Baudouin has given the result of the examination of several hundred cases in the *Gazette des Hôpitaux*. He has found that the tertiary form appears in the first year of the disease in 4.70 per cent. of the cases ; in the second year, in 10.80 per cent. ; in the third year, in 11.50 per cent. ; and, in the fourth year, in 9.76 per cent. This is in the case of men. As far as women are concerned, 10.20 per cent. are so affected in the second year, and 13.65 per cent. in the third year. One fact which must be considered in connection with these statistics is that the patients were not hospital subjects but persons in fairly good circumstances, living well, and under good hygienic conditions. The above would tend to show that tertiary syphilis appears much earlier than has been hitherto taught.

A Case of Keloid.—The following case of false keloid is described by Dr. James Collins in the *University Medical Magazine*: Rachel R., aged 90, died in 1874. When 14 years old, she ran against a shovel full of hot coals, which

burned spots in her breast. These blistered and peeled off. Several months later, small, oval, painful tumors appeared.



Fig. 14. Case of Keloid, 1 and 2—Following a burn.

These, after a time, spread and coalesced, leaving scars with pale centres. While she was still a young woman a small tumor appeared in front of the neck, which was removed by an operation. The scar, however, took on the peculiar appearance of keloid, and spread like a band encircling one-half of the neck. The growth, over the right scapula, followed the application of a blister, as also the small one over the left scapula. The growths, which correspond to the direction and curvature of the ribs, are attributed to the effects of a flogging, and the lines of the nodules and cicatrices

correspond to the position of scars from the lash. They commenced as small crops of little tubercles or hard tumors that



Fig 15. Case of Keloid. 1—Following a blister. 2—Following a Flogging.

never suppurred, but ran together rapidly and formed the growths observed.

O-D.

Early Menstruation.—Quite a large number of medical journals have been receiving communications on precocious menstruation of late. It almost seems as if there exist epidemics of such cases although it is more than probable that the reading of the recital of one such fact leads others to detail their own experience in similar cases. It is thus that a writer, who indulges in the fond hope that he has chanced upon something rare finds his fond hopes blasted by others.

Diseases of the Eye and Ear.

Peculiar Susceptibility to Iodide of Potassium.—The extreme susceptibility of some people to this drug is remarkable. We call it idiosyncrasy, but that is simply a convenient cloak with which to cover our ignorance. The truth is, we do not know why so many cannot possibly take iodide of potassium. Every physician knows the fact from unpleasant experiences, but can give no satisfactory explanation. It has been my luck, or rather misfortune, to have had many such cases in the past few months, and have several on hand just now. In some of them, the symptoms excited in a very short time by a single dose of the drug, are quite alarming. Early in the summer a young man called, complaining of double vision; I found partial paralysis of one of the recti muscles of left eye. His general health was good, and I could find no cause for the defective action of the muscle, which was of recent origin. I ordered a blister on the temple, and prescribed iodide of potassium and bi-chloride of mercury internally. The patient returned home, and, in the course of a few days wrote me, in substance as follows: "After taking two doses, my mouth became so sore I could hardly eat; then my throat swelled so I could not speak aloud for twelve hours. The night following the first two doses, I had such indescribable pains and burning in my hands that I could not sleep a wink, and spent the night in walking the floor. At present, I am a sight to behold; my hands and face have broken out till they are a mass of sores. Shall I continue to take the medicine?" Of course, I ordered a discontinuance. It is impossible to know who cannot tolerate the iodide before a dose or two are taken. A few weeks since an aged physician had central retinitis, with a patch of extravasated blood in the macula lutea, greatly interfering with his vision. I asked him to take the iodide of potassium. The first dose set him wild. Acute inflammation developed in the mouth and throat; the glands of the neck swelled and caused such violent suffering that he walked the floor all night. I could give several similar cases, but these are sufficient to show the strange and remarkably bad effects which

this drug has on some individuals. Within the past few hours I have seen a lady who, by direction of another physician, has been taking the iodide. She had a running nose, and all the other symptoms of acute coryza. This is the condition usually excited by the drug in persons who do not tolerate it well. The first quoted cases were extreme and, fortunately, rare examples of the intolerance.

The discovery of a means or method of preventing, or even modifying, these untoward phenomena is a consummation devoutly to be wished, since it frequently happens that iodide of potassium seems to be the only remedy that is indicated, and no substitute has yet been discovered that even approximately takes its place, and which does not excite a similar train of symptoms. Where we find intolerance of potassium iodide, there is usually, if not always, a similar intolerance of iodine, hydriodic acid, and the other iodides.

The Term Blennorrhœa a Misnomer.—Most of the writers on ophthalmology, even the most prominent, greatly mystify the student of acute infectious diseases of the conjunctiva, by the use of inaccurate and incorrect nomenclature. A glaring instance of this fact is the use of the term blennorrhœa. The primary and literal meaning of this word is *a flowing of mucus*. It is, therefore, manifestly improper and incorrect to use it to designate a terribly acute and infectious disease of the conjunctiva, the characteristics of which are, intense redness, great swelling and profuse suppuration. In fact, pus almost streams from an eye in that condition designated "blennorrhœal" by most writers. Certainly, the idea of flowing mucus is very inappropriate when applied to such a disease. In the very incipiency some mucus flows, but this stage lasts but a few hours, while the suppurative stage persists for several weeks. I have carefully read the descriptions of blennorrhœa, as given by the various writers, and I must say that, as I think, all have failed to "make out a case," and I here venture the assertion that it is impossible for any man to give a clear distinct differential diagnosis between blennorrhœa, so-called, and gonorrhœal ophthalmia. Clinically, they are the same; they are equally infectious, equally dangerous, run the same course, and require the same treatment. Why not simplify the nomen-

clature and clear up great mystification and obscuration by dropping blennorrhœa entirely, and allowing gonorrhœal ophthalmia, or purulent conjunctivitis, which is the same thing, to cover the entire field? Let blennorrhœa be dropped as a distinct disease, and the nomenclature will be greatly simplified, and all the clinical facts preserved.

While *Ophthalmia Neonatorum* is practically and clinically the same thing as gonorrhœal ophthalmia, still it is a distinct disease in that it is confined to infants and must be retained.

Granulated Lids is a "whole disease" in itself, with distinct characteristics, readily and easily recognized by every one, and must stand forever to tantalize the poor eye-doctor in his efforts to cure it.

To Prevent a Black Eye.—When a blow has been received over or around the eye, it becomes important to prevent, if possible, the formation of a "black eye," as that is considered usually a clear give-away. The *N. Y. Med. Times* and the *Journal of Materia Med.* state that the prompt application of the tincture, or strong infusion of capsicum annum mixed with equal quantity of mucilage of gum arabic and a few drops of glycerine will prevent the eye from becoming black after a blow. The medicine must be applied immediately, and be painted over the entire bruised surface. When dry, a second, and even a third coat should be applied. It occurs to the writer that this would be too irritating to apply to the lids, and then there would be danger of some of the pepper getting into the eye and cause severe pain. It is further stated that this same remedy is unsurpassed for sore or stiff neck, and is applied in the same way.

[NOTE.—We print this just as Dr. Williams wrote it, to illustrate how piratical journals get credit for stolen matter. The suggestions for the use of tincture of capsicum for "black eye" was made originally in the *ST. LOUIS MEDICAL AND SURGICAL JOURNAL* some three years ago as a practical note, over the initials of one of the editors, who has used it in the treatment of bruises and rheumatic torticollis for many years with uniform success. The paragraph has been going the rounds ever since, accredited first to one thief and then to another.—EDS. *ST. L. MED. AND SURG. JOURNAL.*

Removal of Dermoid Tumor from the Cornea.—Dermoid tumors are very rare, and are usually congenital. They are mostly situated over the sclero-corneal junction on the outer side of the ball. Very recently I was consulted by the parents of a little boy some ten or twelve years old, who was affected with a dermoid tumor about as large as a pea, situated over the outer sclero-corneal junction. The father said it was there when the child was born. The tumor was very white and presented a peculiarly ugly appearance, and gave his schoolmates an opportunity of teasing him greatly. This made the child very anxious to have it removed. It gave him only slight trouble by the lids rubbing over it. It had not increased in size, but the child was determined to "have it fixed so the school children could not call him names." I took hold of the apex of the tumor with the forceps, and with knife and scissors dissected the mass away from the cornea and sclera as completely as possible, taking special care to cut between the tumor and the corneal tissue, and not into the latter. To cut through the cornea in the operation would be hazardous. The determination of the little fellow was remarkable. He would not take chloroform, but never flinched during the operation, in spite of the fact that the father had to leave him to avoid fainting.

Latest Treatment for Embolism of Central Artery of Retina.—DR. Schmidt-Rimpler, in his recent work on ophthalmology, states that the circulation has been known to return to the retina in a case of embolism by means of massage of the ball. He further suggests that in these cases it would be well to make a passage to the nerve around the ball, and apply massage directly to it by manipulating it at the supposed point of the plug with a view of breaking up and scattering the embolus. The manipulation of the nerve can be effected by means of a stiff probe or some similar instrument. In a case treated in that way, the circulation in the central artery returned, the doctor states, in the course of a few days. Any treatment in these cases must be instituted immediately or it will be too late to effect any good, as the plug soon organizes and becomes solid flesh.

A. D. WILLIAMS, M. D.

Excerpts from Russian, Polish and Bulgarian Journals.

On the Physiological Action of Cold Enemata.—In order to study the action produced by cold enemata (from 5° to 20° C.) on the temperature, arterial tension, pulse and respiration, Dr. Pavel I. Lazarevitch, of Helsingfors, Finland (*St. Petersburg Inaugural Dissertation*, 1889, pp. 58); has carried out 130 experiments on ten healthy subjects, aged 22 to 24, and thirty-two sick (fifteen of them suffering from acute disease and seventeen from chronic). The author arrived at the following results: 1°. Cold enemata produce a fairly perceptible fall of the bodily temperature (up to 0.83° C.) lasting for more than one half hour after the defecation. 2°. They give rise to a considerable and fairly prolonged elevation of the blood pressure. 3°. They cause some retardation of the pulse and respiration. 4°. In regard to the antipyretic effects, a cold enema at the temperature of 20° C. is about equivalent to a cold wet pack. 5°. Hence the enemata may be resorted to as a powerful adjuvant means in cases requiring an antipyretic treatment. In such cases where cold baths are impracticable for some reason, the enemata may be employed alone as a substitute for the latter. 6°. Apart from their antipyretic effects, the enemata are very useful as a means of thoroughly cleansing the bowels and, consequently, preventing all serious harm caused by the accumulation of faeces and gases. 7°. The best antipyretic enema is a 15° (C.) one. It is perfectly well borne without any disagreeable symptoms, and seems to manifest a sedative influence on the patient's nervous system. A 50° (C.) enema, however, invariably causes highly unpleasant sensations (of intense cold, etc.), and sometimes even spasmodic twitchings and rigors in addition; it is, as a rule, expelled back almost immediately after the injection. 8°. The physiological effects of cold enemata may be explained in this way: Coming in contact with the intestinal mucous membrane, the enema, in virtue of its low temperature causes a reflex contraction of the pelvic and abdominal blood-

vessels, the result being a corresponding rise of the arterial tension. The latter rises in its turn, leads to a retardation in the frequency of the pulse and respiration. As to the anti-pyretic effects, the enemata act partly by directly abstracting heat from the system, but mainly through their influence on the thermic centres. 9°. In view of the enemata causing a considerable rise of the arterial tension, they should not be employed in patients suffering from aneurism or atheromatous degeneration of blood vessels and similar affections.

Anhysteria Completa.—Dr. Nikolai M. Kakushkin, of Tambov, records (*Proceedings of the Tambov Medical Society*, 1889, No. 1, p. 15), another instance of total absence of the vagina, womb and its appendages. The patient, a rather short, but well-developed and nourished peasant woman, aged 27, married seven years, applied to the author with complaint of amenorrhoea, sterility, and vague pelvic pains occurring at irregular intervals. She added that her husband "had been always angry on account of inconvenience experienced by him during coition;" while she had never yet had any pleasant sensations during the act. On examination, her breasts were found to be perfectly well developed, the pubes covered with an abundant growth of hair, the pelvis, urethra, and labia normal, but the clitoris very small and remaining flabby on mechanical stimulation. The outlet of the vagina proved to be closed by a smooth, leather-like membrane which, under the pressure of a forefinger, could be distended to form a *cul-de-sac*, about one and a half inch deep. On bimanual examination (through the sac and abdominal wall or rectum, or through the latter and abdomen), not a trace of the uterus, ovaries, or Fallopian tubes could be detected. Having explained to the woman her hopeless and helpless condition, Dr. Kakushkin prescribed tincture of Cannabis Indica for alleviating her pelvic pains. The author adds that similar cases, though rare, are met with by almost every gynaecological practitioner, and that it would be worth while to undertake a statistical inquiry in order to elucidate a relative frequency of the defect. In conclusion, he puts the following pertinent question: "What is to be done in such cases of the anomaly where the husband insists on his unde-

niable right to coition as has happened to be in the above case?"

[We should say that in such a case the practitioner should suggest divorce. On the other hand, such marriages, thoroughly spoiling the lives of the parties concerned, should never take place. A routine medical examination of every girl or woman intending to marry would lead to the prevention of such occurrences, as well as a mass of human suffering arising from other congenital or acquired genital defects or diseases. In such tragic cases where an unhappy woman, deprived by nature of her vagina, preserves at the same time sexual desire, the question of some vaginoplastic operation *ad hoc* might justly arise, in order to prevent masturbation, or coition per vesicam or rectum.—*Reporter.*

On the Arterial Tension, Temperature, Pulse, Respiration, etc., in Malarial Fever.—In a preliminary note in the *Vratch*, No. 34, 1889, p. 743, Dr. Vasily N. Okuneff, house-physician to the Grodno Military Hospital, describes his elaborate clinical observations concerning intermittent fever. In all, forty cases were studied, a majority of which referred to such patients as had not yet undergone any treatment. The essential results of the author's researches may be given as follows: 1°. In the beginning of the periods of rigors, the arterial tension markedly sinks, but subsequently it rapidly rises to attain maximum figures. 2°. During the period of heat, it continues to oscillate above the normal level, though comparatively lower than the preceding stage. 3°. During the period of sweating the tension descends below the standard, reaching sometimes a very low level. 4°. A maximum frequency of the pulse coincides with the period of heat (that is, with a high arterial tension.) 5°. The frequency of respiration varies with the temperature oscillations. 6°. During the period of rigors, the axillary temperature ascends above the normal. It reaches the maximum height during the periods of heat to fall below the normal level during that of sweating. 7°. The rectal temperature is mostly higher compared with the axillary except at the beginning of the period of rigors, when the former is lower than the latter. 8°. During the period of rigors, the

(superficial) thoracic and abdominal temperature either remains normal or sinks below the standard, except in cases accompanied by a very rapid rise of the general systemic temperature, when it also rises. During the period of heat it oscillates above the normal level, to fall below it in the next stage. 9°. The (superficial) femoral temperature, as a rule, remains normal during the first two periods, to descend below the standard in the period of sweating. 10°. The cutaneous and pulmonary losses (determined by weighing the patient after Santorini's rules) decrease during the period of rigors, but increase considerably during that of heat, and still more so during that of sweating.

Congenital Absence of the Pectoral Muscles.—In the Bulgarian bi-weekly, *Meditznsky Pregled*, Nos. 3 and 4, 1889, p. 61, Dr. Bradel, of Sophia, describes and illustrates a very rare case of total arrest of development in the right major and minor pectoral muscles. The patient a schoolmaster, aged 27, sought the author's advice on account of dyspepsia and a train of nervous symptoms, caused by his living under very bad dietetic and hygienic conditions (including professional over-work). On inspection, a striking asymmetry of the pectoral region became at once apparent, the right one being flat and even as if depressed, the sub-clavicular fossa very deep, the ribs sharply prominent, the anterior wall of the axilla absent. Not a trace of the pectoral muscles could be detected. The left corresponding region, as well as the patient's general build, were quite normal. Notwithstanding the defect, the right upper limb performed all movements as reproachlessly as the left one. The patient stated that the anomaly had existed since his birth, his attention having been first drawn to it by his mother. The latter had at the time informed him that during her pregnancy she had been obliged to do much hard work.

Similar instances have been recently published by Dr. Schulthess, of Zurich (*Vide the Philadelphia Medical and Surgical Reporter*, July 13, 1889, p. 45), F. Kobler, of Vienna; and N. Tüberovsky, of Omsk, Siberia (*Proceedings of the Omsk Medical Society*, 1889, No. 3, p. 123.) Dr. Tüberovsky's case refers to a healthy and strong Cossack of 20, in whom the ster-

nocostal portion of the right major pectoral muscle and the whole subjacent minor proved to be absent, and the corresponding acromio-clavicular joint considerably deformed. The functions of the limb were, nevertheless, quite normal in all respects.

[International literature contains not more than sixty cases of that very curious congenital defect.—*Reporter.*]

Methyl-Mercaptan in Human Intestines.—Professor Marcelli Nencki, of Berne, has recently shown that when proteids undergo putrefaction in the absence of air, there invariably develops large quantities of a gaseous body called "Methyl-Mercaptan." It has the formula of CH_3SH , and possesses a characteristic odor somewhat resembling that of onions or putrefying cabbages. Starting from the fact that a considerable portion of food ingested by man undergoes decomposition in the intestines in the absence of air, Dr. Leon Nencki (the professor's brother), of Warsaw, came to the conclusion (*Gazeta Lekarska*, No. 35, 1889, page 691), that the said gas might represent a more or less constant ingredient of the intestinal contents. To verify his supposition, the author undertook distillation of recently discharged faeces from healthy and sick subjects, and analysed the gases obtained. His expectations proved to be quite correct—besides the usual intestinal gases (carbon dioxide, hydrogen, sulphuretted hydrogen, and methylated hydrogen), there was also found methyl-mercaptan. The action of the gas remains yet to be studied. It is quite probable that methyl-mercaptan possesses certain toxic properties (like sulphuretted hydrogen). The author thinks it would be very interesting to undertake an inquiry concerning the gas in cases of gas-tro-intestinal catarrhs and various infectious diseases.

Berne.

VALARIUS IDELSON, M. D.

The American Academy of Medicine is endeavoring to make as complete a list as possible of the Alumni of Literary Colleges, in the United States and Canada, who have received the degree of M.D. All recipients of both degrees, literary and medical, are requested to forward their names, at once, to Dr. R. J. Dunglison, Secretary, 814 N. 16th Street, Philadelphia, Pa.

Medical Progress.

THERAPEUTICS.

Use of Chloroform in Epidemic Diseases, especially Cholera.—Deprey announced as long ago as 1867 that he had used and received great benefit from chloroform in small doses, by the mouth, in combatting cholera, the remedy producing a diminution of the torments and cessation of vomiting. His experiences were subsequently confirmed by a number of French and Italian physicians. A writer in the *Gazzetta degli Ospitali* suggests that the good results were due to the combined antifermentative and anæsthetic properties of the remedy. It was administered in the shape of chloroform water.

Arseniated Iron Water.—It often becomes necessary to administer arsenic in combination with iron, and it has become a desideratum to combine these two remedies in such a manner as to be pleasant to take and with the least possible disturbance of the stomach. This has been successfully accomplished by Dr. Enno Sander, of this city, who has placed upon the market his arseniated iron water, in which the combination of arsenic and iron is in an easily digestible form, obtained by their combination with sodium hypophosphate. The formula is as follows, the quantities being dosed for 16 ounces of carbonated water:

Arsenious acid .....	.....	.....	gr. .125
Iron pyrophosphate.....	.....	.....	gr. 3.657
Sodium pyrophosphate.....	.....	.....	gr. 2.608
Sodium chloride.....	.....	.....	gr. 2.294

The dose is about 8 ounces of the water per diem.

White Lead in Erysipelas.—Dr. E. Stuver states in the *Medical News* that he has tried quite a number of the most highly lauded remedies, including the combination of sulphichthyolate of ammonium and lanolin, which is claimed by many to be a specific in this disease, but in his hands white-lead paint has exerted a more favorable influence than anything else; it very promptly relieves the burning pain and feeling of tension which are so marked in severe cases; it

limits the spread of the disease process, and forms an impermeable covering over the affected parts, thereby preventing the dissemination of diseased particles. If this disease, as is now generally admitted, be caused by pathogenic micro-organisms, this power of the treatment to limit the spread of the disease germs should lead to its more general adoption. He cites a number of cases which he thinks justify him in concluding that—1°. White-lead paint promptly relieves local pain and tenderness. 2°. It limits the spread of the disease. 3°. By forming an impermeable coating it prevents dissemination of the disease germs, and consequently infection of abraded or wound surfaces.

Prophylaxis against Tuberculosis.—Alméras states (*Gazzetta degli Ospitali*) that at Mentone for several years past a number of physicians, notably Debove, have most urgently called attention to the dangers arising from the occupation, by strangers, of rooms and tenements which have been formerly occupied by consumptives. The Medical Society of Mentone, recognizing the force and importance of these suggestions, have at last taken up the matter, and after giving it their earnest consideration, have made the following recommendations: 1°. To provide in each house an oven or hot room for the disinfection of clothing, bed-clothing, etc. 2°. In case of death (from tuberculosis), the chamber in which it occurs should be completely and thoroughly disinfected by the best known methods. 3°. During the summer season (when there are but few visitors at Mentone), every apartment, usually let to visitors, should be completely cleaned and the furniture "done over." 4°. Every inn-keeper and letter of lodgings should be compelled to the exact observance of these regulations.

PHYSIOLOGICAL AND PATHOLOGICAL NOTES.

Action of Absinthe.—M. Laborde made a report not long since on a memoir, by MM. Cadeac and A. Meunier recently contributed to the Académie de Médecine on the physiological action of absinthe. He concluded from his experiments that 1°. The essence of true absinthe is the most toxic of all the

essences contained in that liquor ; 2°. It is a complete error to suppose that the essence of absinthe is innocent of the evil effects attributed to it ; 3°. The liquor of absinthe, aperitives, such as vermouth, bitters, pure alcohol and alcohols, which are not purified or adulterated, constitute poisons, which hygiene should prohibit ; 4°. The term absinthism should be retained and should not be replaced by that of anism.

Physiological Action of Pilocarpine.—This remedy has hitherto been classed by one set of experimenters as belonging to the nicotin, while others have placed it among the muscarine group. Dr. Coppola, to determine its actual place, has recently conducted a series of experiments, the results of which he communicates to the *Chemiker Zeitung*. In order to eliminate a source of error not hitherto taken into consideration he used pilocarpidine, jaborine and carbobeta-pyridinic acid, three derivatives of pilocarpine, which do not contain the pentavalent nitrogen of the muscarine group. All of them manifested an action similar to that of pilocarpine, and Coppola, therefore infers that the physiological action of the alkaloid is dependent upon the pyridine or trimethylamine group. His conclusion is therefore that pilocarpine belongs pharmacologically to the nicotine group.

Left Leggedness.—At the last meeting of the British Association for the Advancement of Science, Dr. W. K. Sibley read a paper in which he argued that man was naturally left-legged (*Provincial Medical Journal*). Standing working with the right hand, there was a tendency to balance on the left leg. Race paths were nearly always made for running in circles to the right, and the majority of movements (such as dancing, running, etc.) were more readily performed to the right. In walking, it was natural to bear to the right; crowds as well as individuals did so. Troops started off with the left foot; the left foot was placed in the stirrup or step of the bicycle in mounting; the left foot was the one from which a man took off in jumping. From measurements made by Dr. Garson of the skeletons of the two legs, in 54.3 per cent the left leg was the longer, and in 35.8 the right. From measurements of 200 pairs of feet, it was found that in 44 per cent the left, and in 21.5 the right was longer, while in 34.5 they were equal.

A Queer "Worm."—Under this caption Dr. A. McShane reports a peculiar case in the *New Orleans Medical and Surgical Journal*. A young man of thirty had been suffering from chronic cystitis for about four years. He had frequently injected astringent solutions into his bladder, and he was thoroughly acquainted with the anatomy of the bladder and the technique of bladder injections. Sometimes his cystitis would be almost cured, and then he would stop treating himself; but lately his bladder has been troubling him, and he injected a solution of sulphate of zinc every night. One night he injected the solution as usual and allowed it to remain in the bladder for a while. He then discharged it into a basin, and put the latter into a sink, and went to bed. The next morning he saw a long white thing lying in the basin. It was found to consist of two pieces, one six inches long, and the other about eighteen inches long. There was also a rounded piece, about twice as large as a pea, which looked like a head; it had evidently been attached to the rest at some time, for the roughened point of attachment could be easily seen. The "worm" was not of uniform thickness throughout its length, but presented successive enlargements and constrictions, which latter were in some places as thin as ordinary cord. At its thickest part the "worm" was not quite as thick as a lead pencil. Microscopic examination demonstrated that it was coagulated semen. It is probable that an ejaculation took place during the act of injecting and the stream of semen, flowing along the urethra with the astringent, became fixed and hardened. The spasmodyc expulsion of the semen will perhaps explain the succession of enlargements and constrictions observed in the "worm."

The Chemistry of Saliva.—Dr. G. Sticker publishes a paper on this subject in the *Apotheker Zeitung* in which among other things he says: Should the salivary glands become affected in consequence of fever, the saliva will occasionally contain as much as five per cent of albumen, and also in cases of iodism and mercurialism. When there is blood decomposition, as, for instance, the dissolving of the blood corpuscles by arseniuretted hydrogen, frequently the saliva will be sanguineous. In cases of suppression of urine the occurrence of urea in the saliva has been observed. In uræmia, ammonium carbonate has been ascertained to be a constituent, and in mer-

curial salivation valerianic acid appears in small quantities. The passage of arsenical medicines into the saliva is frequently observed, while iodine and bromine especially find their way into it very rapidly. The interval between the taking of 0.2 gram of potassium iodide fasting and the first detection of an iodine reaction in the saliva varies between nine and twenty-two minutes, and in the urine between nine and nineteen minutes. The metals combined with the halogens iodine and bromine, such as potassium, sodium or lithium, can not be detected simultaneously in the saliva. Mercury passes into the saliva only when the system is completely saturated with that metal. Saliva containing iodine or bromine converts starch equally rapidly into dextrin and maltose as when normal; also calomel saliva is not injured as to its saccharifying power. Copaiba balsam can be recognized in the saliva of persons who take it almost immediately. According to the investigations of L'Héritier the saliva of a healthy person contains 98.65 per cent of water, 1.26 per cent of organic matter and 0.09 per cent of salts.

Funnel Chest—Poitrine en Entonnoir.—M. Gallard publishes in the *Archives de Médecine* an analysis of a paper by Klemperer, of Berlin, on this subject. Among hereditary malformations, says the author, this is one of the most curious. It consists of an infundibuliform depression of the anterior thoracic region which owes the name above quoted (*poitrine en entonnoir* or funnel chest) to Ebstein, who first thus designated it. It is the result of a depression not merely of the xypoid appendix (as in shoemaker's chest) but of the entire sternum, which constitutes the superior limit of the infundibuliform depression, while the lateral walls are formed by the costal cartilages and the inferior by the abdominal parietes. The effect of the depression is an augmentation of the transverse diameter of the thorax, without however any malformation or displacement of the vertebral column. The two cases upon which the observations of the author are based are brothers, one aged nineteen and the other twenty-three years, the malformation being much more marked upon the first in whom it attains a depth of five centimeters (two inches) while on the latter the depth is 3.5 centimeters (1.4 inch). The phenomenon is con-

genital and what is most remarkable, existed in the mother, grand-mother, and great-grand-mother of the young men, but is absent in the collateral branches of the family. The seven brothers and sisters of the mother as well as three brothers and sisters of the subjects of the sketch are entirely free from deformity. In the grand-mother the depression seemed to have reached its greatest depth, as we are told that the two fists could easily be placed in the cavity. Along with this departure from the natural and normal shape, hereditary through four generations we find among the females affected with it hereditary psychic disorders. One grand aunt died insane; an aunt has had two attacks of melancholia; a sister is imbecile and has a remarkable flattening of the forehead. The two brothers have had frequent attacks of hypochondria and complain of palpitations, the younger being really affected with mitral insufficiency consequent upon an attack of acute articular rheumatism. The author cites a third case observed in an epileptic, a man thirty-six years old, whose family history, is, however, unknown. In this case the infundibulum is nine centimeters (3.6 inches) deep and three centimeters (1.2) inches in diameter at the surface. What may be the cause of this thoracic depression is the subject of controversy. Zuckerkandl inclines to the belief that it is due to intra-uterine pressure of the inferior maxillary upon the inferior segment of the sternum. Ribbert is also inclined to this mechanical theory and states that in one instance of a still-born child he found the chin exactly filling a pectoral depression or funnel. Vesleser also attributed a similar depression found by him to the bungling of the midwife who made the accouchement. Ebstein on the contrary accounts for the phenomenon by an arrest of development of the sternum.

DISEASES OF WOMEN AND CHILDREN.

Birth of a Dead and of a Living Fœtus.—At a late meeting of the Alleghany County Medical Society, Dr. Green reported the delivery of a living and thriving fœtus of about seven months after an easy labor, immediately preceded by the extrusion of a dead fœtus of probably three and a half to four months' gestation. There were two placentæ, one a mass of fat without any trace of vessels, the other normal; each.

also possessed a separate and distinct sac. This was the second case of the kind he had encountered. In the first the living child was born at term, and the dead one at three or four months.

Diastatic Power of Infantile Saliva.—Dr. G. Sticker says in the *Apotheker Zeitung* that while, in respect to diastatic power, the saliva of omnivorous man exceeds that of any other creature, in the first two months of an infant's life the diastatic power of the saliva is, almost without exception, wanting. Occasionally it is present in the saliva of the three months' child, but the more intense action does not become manifest until towards the end of the first year. The toothless child should therefore obtain only liquid nourishment and have flesh given to it only after the appearance of the incisors and canine teeth. The body temperature of 38° to 39° C. is the most favorable for the saccharifying action of human saliva.

Carcinoma Uteri.—At the late meeting of the Medical Society of Virginia, Dr. R. S. Martin read a report on advances in gynaecology (*N. Y. Medical Record*). He stated, among other things, that for carcinoma uteri, Brown uses the curette freely, and applies on a tampon a saturated solution of zinc chloride. Mundé uses a weak solution of sesquichloride of iron. Schramm injects half to one grain in an ounce solution of corrosive sublimate into the diseased mass, two or three times a week, causing cessation of fetor and purulent discharges, and lessening the frequency of hæmorrhages. The feeble absorptive power of the degenerated tissue offers immunity from mercurial poisoning. The following is an antiseptic and sedative suppository extensively used in Paris:

B. Iodoformi.....	gr. xv.
Camphoræ.....	gr. iv.
Ext. belladonnæ	gr. j.
Ol. theobromæ	q. s.
M. Make one suppository. Sig. Put high up in vagina at night.	

A preparation highly recommended for this purpose is campho-phenique used pure.

High amputation of the cervix is advised if the disease has passed beyond the internal os. If disease has not extended beyond the uterus hysterectomy is advised.

Umbilical Hernia in Infants.—In a series of papers on the therapeutics of infancy and childhood, published in the *Archives of Pediatrics*, Dr. A. Jacobi gives some very useful hints. Among other things, he says that umbilical hernia is of very frequent occurrence, but seldom attended with danger. Incarceration takes place very rarely; still, Treves and others have reported successful operations for such accidents. As there is a predisposition to the development of this variety of hernia, so there is a tendency towards spontaneous recovery. The round umbilical aperture will normally change after a number of months, or even a year, into a narrow fissure, more fat will develop, the muscles will become stronger, and then the intestine will be retained within the abdominal cavity. To accomplish this still more certainly, it is desirable to retain the contents of the hernial sac inside the abdomen. For this purpose, trusses are very unavailing. Strips of adhesive plaster will serve very much better, but in most cases they are objectionable because they irritate the sensitive skin of the baby. Whatever application is made to the hernia directly must be larger than the aperture. It should not be too hard. Linen compresses and those of woven lint, plates of cork covered with linen or lint, may be applied and held in position by means of a bandage. Knitted bandages will suit better than the ordinary bandage of linen, cotton, or flannel.

Submucous Fibro-Myomata of the Uterus.—At a recent meeting of the Royal Academy of Medicine in Ireland, Dr. W. J. Smyly, speaking of the diagnosis and treatment of these tumors, stated (*Dublin Journal of the Medical Sciences*), that so long as the rule was generally accepted that in every case of severe uterine haemorrhage not connected with existing pregnancy, the cervix should be dilated and the cavities explored with the finger, the diagnosis of these tumors presented no difficulty; but since the introduction of the curette has rendered this painful and somewhat dangerous preliminary in the larger number of cases superfluous, it becomes of much interest to ascertain whether these new growths can be diagnosticated without previous dilatation. Four cases are detailed showing that this was the case. The necessity for dilatation was indi-

dicated partly by the condition of the cervix, partly by feeling the new growths by sound or curette. In his opinion, dilatation of the cervix uteri was necessary only in order to remove small tumors, polypi, or portions of retained ovum. Large tumors should not be removed per vaginam, and haemorrhage alone was not an indication. The method of dilatation which he now adopts is to commence with iodoform gauze, and, if necessary, complete the process with Hegar's dilators. The iodoform gauze is easily employed, and may be left *in situ* for three or four days, and is, therefore, especially adapted to the wants of the busy practitioner. In all cases the tumors were removed by means of Schultze's spoon forceps. With this instrument diseased tissue alone is attacked, and with ordinary care no harm can be done; enucleation, on the other hand, is much more dangerous and difficult.

Typhoid Fever in Children.—In a study of this disease by Dr. H. N. Read, the author concludes (*Brooklyn Medical Journal*): 1° Typhoid fever attacks young children only about one-third or one-fourth as often as it does adults. 2° As far as is known, it attacks boys more frequently than girls. 3° The prognosis is better in young children than in grown people, the percentage of deaths being from two to six in the hundred, while in the adult the death rate is from eight to twenty per cent, according to the authority quoted, differing in different places and epidemics. Murchison, of London, whose fever reports are probably the most extensive, gives the mortality in the London hospitals through a series of years as 15.6 per cent. Hutchinson, quoted from Pepper's System of Medicine, gives the mortality at the Pennsylvania hospital, during a period of twenty years, as 19.5 per cent. Liebermeister states the mortality at Basle through a long period, to have been from 27.3 to 8.2 per cent, the difference being due to the treatment. 4° The treatment best adapted for typhoid fever in children is that which keeps the temperature within reasonable limits without attempting to force it down too far, and supports the strength of the patient until the disease is spent and the fever has left. Any procedure which has neither of these two objects in view is unnecessary and harmful, and it is far better not to treat the disease at all than to treat it too much. The more powerful depressants, aconite, veratrum viride, gel-

seminum, etc., are contra-indicated. The ordinary diffusible stimulants, ammonia, nitrous ether, etc., and the usual heart tonics, quinine, digitalis, etc., are not needed, and therefore may do harm. The best febrifuge is the cool sponging with water at 85° to 90°, assisted, when the fever rises to 104°, by methozin or phenacetine. Alcohol in some of its various forms is the best stimulant. Milk is the best diet.

Treatment of Pelvic Abscess.—Dr. H. L. Dunning in speaking of the Etiology and Treatment of Pelvis Abscess (*Indiana Medical Journal*) says: Abscesses that rupture spontaneously into the rectum are more prone to become chronic than those which rupture into the vagina. We believe the rectum should never be chosen a point through which to incise a pelvic abscess. If it is not accessible through the vagina, laparotomy is to be preferred. Some operators prefer aspirating the abscess or evacuating by the trocar and canula to incision. In some instances either of these methods would be sufficient; that is, in cases where the abscess walls can collapse, and thus obliterate the cavity. This occurs so infrequently, and moreover either the use of the aspirator and trocar are often fraught with danger to the patient, so that the conviction seems to be growing upon the profession that unless the abscess wall has formed adhesion to the submucous vaginal tissues, and the cavity can be reached by the knife, it is better to incise it in the supra-pubic region, or if that is inadmissible perform laparotomy. The latter procedure has steadily grown in favor during the last few years, so that now it has very nearly displaced all other operative measures for the evacuation of the pus in pelvic abscess. In a suppurating haematocele it is much to be preferred, for, as Gath has clearly shown, a large quantity of pus may be contained in the cavity, and still there remains a considerable quantity of blood-clots, which cannot be removed through the small incision *per vaginam*. Where the abscess is confined to the fallopian tube, laparotomy is to be greatly preferred, inasmuch as any other procedure will leave behind a suppurating sac which will quickly refill.

The Training School of the Johns Hopkins Hospital, Baltimore, was opened on Wednesday afternoon, October 9th.

SURGERY.

A Result of Whitehead's Operation.—Dr. Chas. B. Kelsey reports the unfortunate result he observed following Whitehead's operation for haemorrhoids (*New York Medical Journal*). The patient who was brought to him had been operated eight months previously. On examination, the anus presented a circle of excoriated mucous membrane ending suddenly in healthy skin. The mucous membrane, which had been drawn outside of the rectum and united to healthy skin was an inch broad for one-half the circumference of the anus, and half-an-inch broad for the remainder. In other words, the circular incision in the operation was entirely outside the margin of the anus, and the mucous membrane had been drawn down to it, changing a muco-cutaneous opening into one covered by mucous membrane.

Choice of Operations for Vesical Calculus.—The various operative procedures for the removal of calculi from the urinary bladder have been lauded at different times, until the choice of the one suited for a particular case is not always easy to determine. Dr. D. Hayes Agnew, in considering this question (*University Medical Magazine*), concludes as follows: 1°. That all cases of vesical calculus in patients over fifteen years of age, with sound urethra, and in whom the stone is not too large, nor too hard, should be treated by litholapaxy. 2°. That all children under fifteen should be treated by lateral lithotomy. 3°. That in the case of very large stones, suprapubic lithotomy should be substituted for either litholapaxy or perineal lithotomy. 4°. That in adults, where perineal lithotomy becomes necessary, the median operation is to be preferred, provided the stone does not exceed three-quarters of an inch in diameter.

Improvement in the Technique of Inguinal Colotomy.—Dr. Charles B. Kelsey writes to the *New York Medical Record* that in the last few operations of this character he has adopted the following plan: The incision is that of Crips—across a line from the anterior-superior spinous process to the umbilicus. After getting the sigmoid flexure outside the body, a hair-lip pin is passed under it in the following manner: I is entered through the skin on the side of the wound toward

the median line, and at the junction of the lower with the middle third of the incision. It perforates first the skin, next the parietal peritoneum, next the mesentery of the gut close to the bowel, and at the junction of the lower and middle thirds of the exposed loop, next the parietal peritoneum on the other side of the incision, and finally, the skin. By this means the gut is so firmly held in position that it cannot be dislodged by any vomiting, and a perfectly formed spur is formed which will prevent any passing of faecal matter beyond the opening. After this procedure he has never been troubled either by prolapsus of the mucous membrane, or the passage of faeces from the colon into the rectum. With this modification, he now adopts a running suture instead of about fourteen interrupted ones, to join the parietal peritoneum to the visceral layer and to the skin. A rapid operator can easily, in this manner, complete the entire technique of inguinal colectomy in ten minutes, and to this extent reduce the necessary shock.

Uses of the Transfixion Ligature.—At the late meeting of the Virginia State Medical Society, Dr. T. H. Manley read a paper on some of the uses of the transfixion ligature (*N. Y. Med. Rec.*). The author's investigation in this direction had been instigated by a case in which the transfixion ligature saved the life of his patient. While dissecting out tubercularly enlarged glands of the neck, suddenly a large stream of blood gushed out, which he was unable to control by pressure. The common carotid had been opened, and the patient was in imminent danger of exsanguination. Observing a needle with a ligature lying on the table, he hastily passed it under the tissues whence the haemorrhage proceeded, ligated the tissues, and at once the bleeding ceased. The patient was discharged cured after ten days. He then experimented with the transfixion ligature on the cadaver and on dogs, and found that injury to nerves or important parts was not likely to take place in the case of most of the vessels of the extremities, and if antiseptic precautions were observed, infection would be avoided. The ligature, of course, was only temporary, to be employed in urgent cases where vessels had been wounded by accident, or in operations in which it was preferable to render the parts bloodless by this method rather than by the Esmarch band-

age, etc. He was convinced that the transfixion ligature could be safely and easily applied to any healthy vessel in the external region of the body. Its use being only temporary, injurious results from suppression of function of parts included in the ligature would not be likely to occur; most was to be feared in this respect from its use on the large vessels of the neck, where important nerves might be included. Strict asepsis should exist. He had employed this method while operating for a femoral aneurism, and also in a case of epithelioma of the lip. In the latter instance it was of special value, since it completely controlled haemorrhage, which could not be done in any other way. The method had also been tested and proven efficient in secondary dressing of a wound of the wrist in which the radial and ulnar arteries had been divided. By its use many lives might be saved on the battle-field, now lost from primary haemorrhage.

Literary Notes.

The Medical Waif is no more. It has been taken in under the sheltering wing of the *North American Practitioner*.

The Journal of the National Association of Railway Surgeons has an assistant editor now, in the person of Dr. Geo. C. Stemen, the son of the editor.

Books Received.—The following books have been received at this office and will be reviewed in subsequent numbers of the JOURNAL. A Treatise on the Science and Practice of Midwifery, by W. S. Playfair, M.D., L.L. D., F. R. C. P., Fifth American from the Seventh English Edition, with Notes and Additions by Robert P. Harris, M.D. 8vo., pp. 671, with Five Plates and two hundred and seven illustrations. [Philadelphia: Lea Brothers & Bro., 1889. Price, Cloth, \$4; Leather, \$5.00.

The story of the Bacteria and their Relations to Health and Disease. By P. Mitchell Prudden, M.D., pp. 143. [New York: G. P. Putnam's Sons. St. Louis: J. L. Boland & Co. 1889. Price 75 cents.

A Hand-Book of Dermatology. For the Use of Students, by A. H. Ohmann-Dumesnil, A.M., M.D. 12mo., pp. 167, [St. Louis: St. Louis Medical and Surgical Journal Co. Price. \$1.00.

An Introduction to Pathology and Morbid Anatomy, By T, Henry Green, M.D. Sixth American from the Seventh English Edition. Revised and Enlarged by Stanley Boyd, F. R. C. S. Eng. Illustrated by 167 fine engravings. 8vo., pp. 539. [Philadelphia: Lea Bros. & Co. St. Louis: J. L. Boland & Co. 1889. Price, \$2.75.

Society Proceedings.

PROCEEDINGS OF THE ST. LOUIS MEDICAL SOCIETY. DR. F. J. LUTZ, President; DR. W. L. BLICKHAHN, Secretary.

September 28, 1889.

Pneumococcus in the Kidney—Bullock's Heart.—Dr. Bremer presented the viscera from a patient who had entered the City Hospital for hydrocele. The patient died from catarrhal pneumonia and pleuritis.

Upon *post-mortem* examination it was found that the kidneys were united more intimately than in horse-shoe kidney. There were two ureters and a conglomerate mass of vessels, more than is normal in two kidneys. The lungs showed evidence of catarrhal pneumonia and fibrosis. The liver showed signs of interstitial hepatitis, but without the formation of cicatrices. The heart presented a typical form of excentric hypertrophy or bullock's heart. The conditions present were all traceable to the embryological mistake in the formation of the kidneys. The special point brought out by an examination of the specimens was the presence, in the thick, tenacious pus which exuded from the cut surface of the kidney, of the same lancet-shaped organisms which were found in the lungs, whether the pneumococci appeared first in the kidneys or in the lungs, the speaker was unable to state, but he thought it probable that, as the disease was more advanced in the kidney, this was the primary source of infection. In other words, he thought that under certain conditions the weakest part of the body will take on the disease and that pneumonia is not a disease which always declares itself in the lung. Dr. Dalton called attention to the fact that in this case the sacral artery, instead of passing down the sacrum, as it does in a normal condition, passed backwards and went into it. He had noted this anatomical anomaly in two previous cases of horse-shoe kidney.

Osseous Degeneration.—Dr. Carson presented a tumor, showing osseous degeneration, removed from a girl 27 years old. Although it was an isolated tumor, he removed some enlarged glands in the axilla and also the entire breast. He thought there was danger of a recurrence in a malignant form.

October 5th, 1889.

Myxomatous Degeneration of the Ovary.—Dr. T. F. Prewitt presented an ovary showing myxomatous degeneration, which presented the appearance of a cauliflower.

Tuberculosis of Testicle.—Dr. Riesmeyer reported a case of tuberculosis of the testicle which was antedated by a fistula in ano.

Dr. Bremer thought that the fistula might have been started by the scratching of the finger nail, which perhaps had come in contact with tuberculous pus. He thought that the prognosis after removal of these monocular lesions is not at all unfavorable.

Tuberculous Testicle in a Child Two Years Old.—Dr. F. J. Lutz stated that while in Europe lately he saw Dr. Von Bergmann remove a tuberculous testicle from a child two years old, in which the epididymis, testicle and a portion of the cord were involved. In his (Von Bergmann's) remarks upon the case, he related the histories of two other similar ones.

Tuberculosis of the Tongue.—He had seen five cases of tuberculosis of the tongue in which the patients had all died of secondary affection of the lungs.

Menstruation during Tubal Pregnancy.—Dr. Mooney presented a specimen of tubal pregnancy, and in relating the history of the case stated that the woman had been menstruating for the past two weeks. Death resulted from rupture into the abdominal cavity.

Three Laparotomies on the same Patient.—Dr. Dalton reported the case of a man on whom he had operated for suppurative appendicitis. Afterwards the patients returned to the hospital with a large ventral hernia at the site of the old cicatrix. He cut through the cicatricial tissue, and in doing so cut the intestine. He then made an incision in the sound part to the inner side of the cicatrix, and inserting his finger broke up the adhesion between the gut and the cicatrix. In tearing the intestine loose from the cicatrix, about two-thirds of the calibre was torn through. Three inches of the intestine were removed and the wound closed with a Senn rubber tube. For a while there was obstruction of the bowel, but this was overcome by administering an ounce and a half of salts. Some time after this the patient was taken very suddenly with intense pain, and it looked as though he would die. A laparotomy was performed at once and some constricting bands cut through. As it seemed that the ring was still *in situ*, a hole was made lower down in the intestine and an examination made, but no ring found. The wound was closed with Dr. Carson's rubber attachment. At present, the patient is out of danger. The doctor laid particular stress upon the importance in secondary laparotomies of avoiding cutting through the cicatrix of the previous operation.

October 12th, 1889.

Gliomatous Tumor of the Cerebellum.—Dr. Bremer presented a brain containing a subtentorial glioma. In this case vertigo, headache and vomiting were early and persistent symptoms. Complete blindness and illusions followed.

The question was raised as to whether such cases were operable. In this case, as none of the motor centers were involved, it was not possible to locate the tumor with enough certainty to warrant an operation.

Salivary Calculus.—Dr. Stoffel presented a salivary calculus which had been taken from Wharton's duct.

Stab Wound of the Intestine.—Dr. Dalton related the history of a patient, a boy 17 years old, who had been stabbed in the abdomen, near the anterior superior spine of the ilium. The abdominal cavity was found filled with faecal matter. The cavity was washed out and the wound closed with a continuous cat-gut Lembert suture. Patient is out of danger.

Carcinoma of the Oesophagus.—Dr. Dalton presented a specimen of carcinoma of the oesophagus removed from a man 65 years old. There was no other symptom present during life with the exception of inability to swallow.

Results of a McBurney Operation for a large Scrotal Hernia.—Dr. Dalton presented a specimen showing the results following a McBurney operation for a scrotal hernia that he had performed over a year ago. The patient returned and died from a laparotomy performed recently and the doctor removed all the parts involved in the previous operation in order to show the excellent results obtained. The hernia had been a very large one, reaching to the man's knees. The specimen shows the dense, firm cicatrical tissue which prevents the passage of the intestines, completely occluding the canal. The vas deferens is shown very beautifully beside the cicatrix, but not involved in it.

October 19th, 1889.

Hernia of the Stomach Through the Diaphragm.—Dr. Dalton presented a specimen showing the protrusion of the entire stomach, a foot of the large intestine and all of the omentum through a two-inch opening in the diaphragm. The patient, a man 32 years old, had died of phthisis pulmonalis. The right lung was full of cavities, while the left was almost normal. Ante-mortem percussion gave pronounced resonance, while auscultation developed rumbling, leaving the diagnostician in the dark.

Popliteal Aneurism.—Dr. Prewitt presented a patient whom he had presented to the Society before, having diagnosed popliteal aneurism. Some of the members having

questioned the diagnosis, he presented him again in order to show the result of the operation and in order to prove his diagnosis. The hernial sac was layed open and the artery tied above and below the opening. The patient is now about well.

Chronic Cystitis Resulting from Enlarged Prostate.—Dr. Prewitt presented a specimen of enlarged prostate. Supra-pubic cystotomy was performed and four phosphatic stones removed. The middle lobe of the prostate projected into the bladder. The catheter passed along the base of the bladder, while another opening was found in the upper extremity of this middle enlargement, which also opened into the urethra, and which had evidently been found by a catheter having been forced through. A drainage tube was inserted, but the patient would pull it out and as it was impossible for the urine to pass the natural way and as the artificial opening, without the drainage tube, would persist in closing the strongly ammoniacal and caustic acting urine extravasated into the surrounding connective tissue, causing sloughing. The urine found its way to the perineum and an opening had to be made below. Boracic acid and benzoate of soda had no effect in changing the character of the urine. The patient was too weak to undergo a further operation and died from the combination of difficulties.

Battey's Operation for a Case of Hystero-Epilepsy.—Dr. Prewitt reported a case as follows: A widow, 30 years old, had been married eight years, had had five children, one of whom had died, the last two being twins; had had no uterine or ovarian trouble up to the time of the accident, which is supposed to have started this trouble. On June 17th, 1889, while assisting a farm hand lift a barrel of potatoes into a wagon, she felt a sudden pain as if something had dropped and given way, and felt faint. She went into the house for awhile, but subsequently attempted to go out, but became so sick and faint that she had to desist, and very soon thereafter she had epileptiform convulsions. These convulsions occurred every two or three weeks for three months, not occurring at the menstrual period in particular. She was then sent to the city for an operation. Not feeling sure that the trouble was due to ovarian irritation the doctor kept the case under observation. The convulsions usually occurred a little while after the menstrual period, sometimes at the interval of two weeks, persisting at times for 48 hours. Bromides, ammoniated tincture of valerian and methozin had no effect on the spasmodic ailment. The spasms would usually commence with twitching of the angle of the mouth, and would gradually progress and end in a strong contraction of the muscles of the back and opisthotonus of the head.

At times she complained of pain in the region of the right ovary, and these attacks were preceded and accompanied by pain in the rectum.

As nothing seemed to control the convulsions the doctor thought that a removal of the ovaries was indicated, which was done on October 9th. The right ovary was about three times the normal size, the left was slightly enlarged and there was seemingly some cystic trouble present. Her temperature never went over 100° F. and her pulse has been nearly normal. She has had no epileptic attacks since, but on the 18th she had a chill and a nervous attack.

Dr. Bauduy protested against the aggressive inroads of the surgeons upon the domain of medicine. He had never seen but one case of hystero-epilepsy in this country and did not think that this case would come under that head. He thought that therapeutic procedures had not been exhausted, as they should have been, before the patient's life had been jeopardized by the surgeon's knife. Before surgical procedure was resorted to there should be removed, if possible, every possible reflex source of irritation. This, he claimed, had not been done. He did not think that extirpation of the ovaries would do any good in a case of this kind.

Dr. Hughes did not agree in the diagnosis of hystero-epilepsy but thought it a case of epilepsia or epileptoid. If the operation had been founded upon surgical reasons there might be no objection to the procedure, but such was not the case. He did not think that in cases of this kind the woman forfeited her right to her ovaries. He thought the woman could have been relieved or cured without that operation.

Dr. Engelmann thought that Dr. Prewitt's course had been the right one. He had seen a great many epileptiform attacks that were directly referable to uterine conditions. He related several cases that had come under his observation to support his argument.

Dr. Bauduy thought that the attack the woman had on the 18th, was the beginning of the return of the trouble.

Dr. Bremer thought that a mistake had been made in the diagnosis of hystero-epilepsy. He had never seen a classical case in this country, but had many in Paris. He had never known a case of epilepsy being cured by removal of the ovaries. Benefit had been derived from such operations, but the same benefit had been derived from sham operations.

Dr. Hughes stated that he had seen several cases of epilepsy treated in the Charité Hospital by hypnotism, but that the results were *nil*.

Dr. Prewitt stated that he used the term hystero-epilepsy in its general sense, as a condition of things recognized as being due to an irritation of the procreative organs, the ovaries and uterus combined. He was happy to say he had found one

class of cases that neurologists can cure. His idea of neurologists had always been that they could make a diagnosis and then the case went along the same as ever. He did not see what else he could have done, and he expected good results.

Cyst of the Broad Ligament.—Dr. Prewitt said that the patient, several years ago, had an attack of inflammation of the left ovary and broad ligament, and that the cyst which formed discharged through the rectum, which gave great relief. When he examined her he found a cyst as large as his two fists, projecting from above the pubes in the middle line. Uterus movable and no indication of tumor in the pelvis. Tumor was attached to upper part of the uterus.

Upon operating the whole pelvis was found filled with adhesions. The cyst was emptied, the walls of the cyst were tacked to the walls of the abdomen, and a drainage tube put in. Patient is doing well.

Colo-cystotomy.—Dr. Prewitt stated that the patient had suffered a great deal since July, at which time she had some trouble of the bowels. Palpation revealed tenderness in the right hepatic region, and a tumor in region of the gall bladder. When he arrived for the operation he found that she had a chill and that her temperature was 105.5° F. The tumor had increased in size. On cutting into the tissue, pus began to show itself and upon opening the gall bladder pus and altered bile poured out. A drainage tube was inserted. Bile is being poured out constantly and she is immensely better.

Melange.

The Minneapolis City Hospital is a plague spot and a fire trap according to the *Northwestern Medical Journal*.

The Death of Prof. Rudolph Voltolini, the celebrated laryngologist of Breslau, occurred on Sept. 11. He was seventy-one years of age.

General Joseph Beale, ex-Surgeon General, U. S. N., died at Philadelphia on Sept. 24, at the age of seventy-five. He had been placed on the retired list in 1876.

Dr. S. O. Habershon, the Senior physician of Guy's Hospital, died in London on Sept. 22, at the age of sixty-four years. He was a well known medical writer.

The Death of Dr. Addinell Hewson, the well known physician and writer on medical subjects, occurred in Philadelphia on Sept. 11, last. He was in his sixty-sixth year at the time of his demise.

The Centenarians in Algeria are comparatively numerous. There are 479, which makes an average of one to every 10,000 inhabitants.

Relation of Bacillus Tuberculi to the Early Diagnosis of Phthisis.—Dr. J. W. Roosevelt has a paper on this subject in the *Journal of the American Medical Association*, the conclusions of which are as follows: 1°. The bacillus tuberculosis is of great positive, but little negative, value in diagnosis. 2°. In prognosis the bacillus is of little value. 3°. Finding the bacillus sometimes renders a diagnosis certain which would otherwise be doubtful. He protests against the so-called antiseptic treatment of phthisis since no safe specific bacillary poison has yet been discovered, and it is much easier to kill the complex body-cell than the more simply organized bacillus.

Physicians and their Fees.—The editor of the *Archives de Médecine et de Chirurgie Pratiques* in discussing this question thinks that the doctor's honorarium should be governed, in a large measure, by the circumstances of the patient. A circular has been recently issued by the physicians of the Grand Duchy of Luxemburg to replace the existing fee-bill. In this circular the statement is made that if humanity exacts that the physician and surgeon should tender his services gratuitously to the poor, justice and equity on the other hand also demand that the individual in easy circumstances should pay an amount proportionate to his fortune, for the care which physicians and surgeons are compelled to give and as part compensation for the dangers they run in the exercise of their profession.

Another Bogus Medical College.—Under this caption the *Medical and Surgical Reporter* states that it is reported from Portsmouth, N. H., that a bogus college of medicine has been found there, similar in management and larger in extent than the *Druid College*, of Maine, a full *exposé* of which was made some years ago. This latest chartered institution is the *Trinity University of Medicine and Surgery*, having nominal headquarters at Bennington, Vt. Any person desiring to buy a diploma covering both medicine and surgery may have a choice of the following institutions, all of which exist merely on paper: *University of Cincinnati*, *Montreal Medical College*, *New York State Medical College*, *University of New Hampshire*, *Trinity University of Medicine and Surgery*. The price of these bogus diplomas varies from \$60 to \$300.

Mnemonics for Intracardiac Sounds.—Dr. C. V. N. Callan writes as follows to the *N. Y. Medical Journal*: I propose the

following formula for memorizing the causes of abnormal intracardiac sounds as one of the simplest yet proposed:

A, B, C,

B, C, D,

Murmur heard loudest at *Apex*: With first sound = Backward flow, or mitral regurgitation. With second sound = Constricted orifice, or mitral stenosis.

Murmur heard loudest at *Base*: With first sound = Constriction of orifice, or aortic stenosis. With second sound = Downward flow, or aortic regurgitation.

The American Orthopedic Association has decided to hold its next annual meeting at Philadelphia. At its last meeting the following officers were elected: President, Dr. De F. Willard, of Philadelphia; First Vice-President, Dr. A. J. Steele, of St. Louis; Second Vice-President, Dr. A. B. Judson, of New York; Secretary and Treasurer, Dr. G. W. Ryan, of Cincinnati; Corresponding Secretary, Dr. Samuel Ketch, of New York.

The following statement was adopted as expressing the opinion of the Association in regard to the treatment of hip-joint disease: 1° In the painful stage, complete rest to the joint is of the first importance. 2° Early excision is to be condemned. 3° The weight of the body should be removed from the affected joint until complete recovery has taken place. 4° Traction is an important element of treatment.

Journalistic Amenities.—We note that our brother knights of the quill are still carrying on their pleasant little tilts. In a late number of the *Western Medical Reporter* (of Chicago) a Missouri Medical editor gets it in this style.

"Journalistic Gall."

Of all the examples of gall ever exhibited in America, the most brilliant hails from St. Joseph, Mo. A fellow out there conceived that he was a long-felt want, and started a new journal (sic) as he had no brains to invent a title for his penny-a-liner, he must needs steal a well known journal's thunder, and the abortion was dubbed the "The Western Medical and Surgical Reporter." Now it was unnecessary for the engineer of the dirty little tramp sheet to appropriate our name. Had he stated his condition of intellectual bankruptcy, we would have invented a name for him. The following may suggest an appropriate title: The Medical Jingo, The St. Joseph Weakly Bladder, The Medical Howler, The Weekly Blatherskite, The Missouri Wind-Puff, The Medical Mendicant.

Any of the above will prove an excellent fit. We give them freely, as we want no journalistic bastards sworn upon us."

Death of Philippe Ricord.—One of the most celebrated men in the medical annals of the nineteenth century has passed away. The best known of those whom America bore has died full of years and of honors, leaving a name which will remain imperishable. Philippe Ricord is no more! The man, who rescued one of the most important subjects of modern medicine from chaos and brought forth order and law has departed mourned alike by the country of his adoption and by that of his birth. A man of indomitable spirit, of high intelligence and keen intellect he was not deterred by the disappointments and failures with which he was met in early life and, when at his apogee, he made mistakes, he was the first to acknowledge his errors. He recognized talent and fostered it and the present brilliant school of syphilographers of France is almost entirely due to his teachings as well as the paternal interest which he devoted to his pupils.

Ricord was born in Baltimore, December 10, 1800, and died in Paris on October 21 last. "The great American Doctor" as he was known, in France, will no longer entertain his legion of friends save as a memory. His writings, however, will live after him and in them will be found a true reflex of the man who penned them.

Although he had nearly reached his eighty-ninth year, all who knew him can not but think that he left too soon. Ever on the alert his years did not bear heavily upon him and his intellect was as bright as ever, his wit as caustic and his conversation as pleasant.

Want of space prevents us from giving details regarding this remarkable man's career as a cablegram announcing his death was received just as the JOURNAL was going to press.

Local Medical Matters.

Destruction of Beaumont Hospital Medical College.—On the night of Tuesday, October 8, while the entire population of the city crowded the streets to view the Veiled Prophet's pageant, the beautiful and commodious buildings of the Beaumont Hospital Medical College, on Sixteenth and Chestnut Streets, were burned to the ground. Scarcely anything of all the valuable property within the walls was saved. The loss will amount to many thousands of dollars more than the insurance, and in some respects is irreparable. This is particularly true of the museum, which contained, besides a large number of rare anatomical and pathological preparations, a very full and beautiful collection of anatomical models made by Dr. Waldo Briggs, the work of years when the doctor had a great deal more time to spare than he now has. These were, we understand, the private property of Dr. Briggs, but placed in the college to be used as a part of its

splendid outfit for teaching. The faculty had only recently completed the furnishing and had opened an emergency hospital with forty beds, the entire equipment of which was of the very best description, and all of which was a total loss.

As to the origin of the fire there is now no doubt that it had been, not simply smouldering, but raging for hours, before it finally broke forth and became visible. The floors between the first story and the lecture rooms were very thick—some 24 to 30 inches thick and it is supposed that the fire was actively at work during the entire afternoon and while the lectures were going on. Although the day was cool and the heat from the register was shut off, the rooms became so hot along about the middle of the afternoon that the doors and some of the windows had to be opened, and some of the students removed their coats. Every one noticed the heat, but the true explanation of its source never suggested itself to any one.

Some curious incidents are told in regard to the fire. The college had a fine picture of Beaumont, which was hung in the Faculty room. This was found under some debris almost without an injury or a blemish. The only papers of any consequence that were saved were the insurance policies, which were also found in a drawer of a desk which escaped burning by being "smothered" in debris. Dr. Briggs coming down Olive Street an hour or two before the fire broke out saw the janitor in the crowd waiting to see the pageant. He asked him if anyone was at the college building, and in being answered in the negative told the man to go straight back to the college and stay there. "Suppose a fire were to break out," said he, "what chance would we have to know it?" The doctor little thought that even then the building was doomed.

With indomitable energy the faculty on the very next day secured the building at the corner of Fourteenth and Locust and opened up the lecture course with a number of new students. The debris is being rapidly removed from the grounds of the old building and while the matter is not yet actually settled, we can say that before October, 1890, the Beaumont Hospital Medical College will be in a new home, finer and better than the old one in every way.

The Medical Society of Virginia elected the following officers to serve for the term of 1889-90: *President*, Dr. Oscar Wiley, of Salem; *Vice-Presidents*, Drs. J. M. Estill, of Tazewell Court House; Alfred C. Palmer, of Norfolk; and Casper C. Henckel, of New Market; *Recording Secretary*, Dr. Landon B. Edwards, of Richmond; *Corresponding Secretary*, Dr. J. F. Winn, of Richmond; *Treasurer*, Dr. Richard T. Styll, of Hollins, Va.

Business Items.

Elementary Microscopical Technology.—No book ever offered to the beginner in microscopy has met with such universal favor at home and abroad as this little work of Dr. James. The following which we take from the *Atlanta Medical and Surgical Journal* is a sample of the notices that it has received from hundreds of reputable scientific journals of America, England, Canada, Australia and other English speaking countries: "The book is unhesitatingly and earnestly recommended. It will do more practical good in its line and afford more practical instruction than a dozen of the large, costly and "impossible-to-understand-how" treatises. Succinct, simple, condensed and definite, it gives what a beginner always wants—full and minute directions about what to do and how to do it. The excellence of the matter atones largely for the defects of the printing. It will repay any one interested in microscopy to get it and use it." **Elementary Microscopical Technology** is published by the St. Louis Medical and Surgical Journal Company, whom address for prices, etc.

Uterine Styptic.—John Adderly, M. D., Skibbereen, County Cork, Ireland, says: It gives me great pleasure to add my testimony to the great value of S. H. Kennedy's Extract of *Pinus Canadenis*, which I consider a most valuable uterine styptic, seeming not only to possess the power of arresting uterine hemorrhage, but also to produce a healthy action of the parts. I used it with a patient who had been suffering for a number of years from menorrhagia, depending upon ulceration of the os and cervix uteri, with whom I had tried all other remedies for menorrhagia, lasting during a period of five months almost without intermission. Extract of *Pinus Canadensis* applied to the os uteri on cotton wool, and also used as a lotion, arrested the hemorrhage immediately, and the *Aletris Cordial*, which was taken internally, helped to invigorate the system and promote a cure which I had at one time considered incurable. I should not wish to be without these remedies in similar cases, and shall continue to use them in my practice, as I consider they gave most satisfactory results.

Campho-Phenique in Itching Piles.—Mr. A. M. Pett, representing the great importing drug house of Tarrant & Co., New York, states that he had been troubled for upwards of a year with a little external pile, which itched almost constantly and sometimes so intolerably that he was driven nearly wild. He had tried almost everything in turn, and without relief until recently when in St. Louis he stepped into the Wolff-Wilson pharmacy while suffering greatly, and asked George Wilson if he could not give him something that would afford at least temporary relief. Wilson gave him a vial of campho-phenique and asked him to try it. The relief was immediate and apparently permanent as several days later he called to say that he had been absolutely free from itching ever since he had been using Campho-Phenique.

Celerina in Chronic Alcoholism.—Chas. A. Riley, M.D., Rockville, Mo., says: "Some time since I had occasion to treat one of the worst cases of chronic alcoholism that ever came under my observation. Patient, man, aged twenty-four, had been a constant drinker for several years, interspersed by occasional sprees, and during one of these I was called to treat him. After giving him medicine to arouse his liver to proper action, I commenced giving him tablespoonful doses of Celerina (Rio Chem. Co.) every four hours. He begged for whisky until he got under the influence of Celerina, which was only a few doses: after that he quieted down, and the terrible appetite for, and influence of whisky began to subside. In about eight days he resumed his place in business, and ever since has had no appetite for whisky, and no bad results in any form. I do not think it can be equalled as a remedy in any case where it is indicated.

Pure Beer for Invalids.—The special brand of beer, brewed by the Windisch-Muhlhauser Brewing Co., proprietors of the celebrated Lyon Brewing Company of Cincinnati, and known as "Invalid's Beer," has proven its title to the name by the immense appreciation shown it by the medical profession wherever it has been introduced, and by all invalids who have given it a trial. The one great drawback to its extended scope in certain localities has been the disfavor with which every article labeled as "beer" is met by the authorities in those parts of our country where the temperance fanatics have sway. To meet this in the proper spirit, the Lyon Brewery addresses itself directly to physicians in a card, written in most excellent taste and spirit, and which will be found in our advertising pages. Every physician should read it.

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Original Contributions.

TREATMENT OF STERILITY IN WOMEN. By E. S. MCKEE, M.D.,
Cincinnati, Ohio.

The cure of sterility is not the easiest and most encouraging task in gynæcology. Our imperfect knowledge of the etiology of the condition is one of the first and greatest of difficulties, yet in this as in many other troubles the treatment consists in the removal of the cause. Our knowledge of sterility has grown with our progress in gynæcology, but the growth is not satisfactory because it rests on no sure foundation. Logic here as in many other departments of therapeutics, has not been closely followed. *Post hoc* and *propter hoc* have been confused. A coincidence has too often been considered a consequence, for, in the present age, as in the past, the reputation of remedies is based more upon faith than upon evidence. We should understand the nature of the trouble in hand, the remedies to combat it, then place a limit to our faith and expectations.

Vaginismus should receive that constitutional treatment indicated in all nervous and hysterical disorders, and will often yield greatly to simply stretching the vagina and pubic nerve.

Women addicted to the use of alcoholic stimulants have been known to become pregnant on the adoption of habits of teetotalism.

Fevers have been known to be followed by relief of sterility. The philosophy of this can not be explained, for fevers are known to disorder the ovarian and uterine functions. They probably result in some change of the general health and perhaps prolonged continence has an influence.

Duplexity of the vagina interfering with cohabitation may be a cause of sterility, as the septum may make cohabitation difficult, or the larger vagina which receives the penis may end in a blunt sack. Incision of the septum is the treatment in either case.

Obesity, a frequent cause of amenorrhœa and sterility, is treated by a rigid diet. If the obesity diminishes, the menses increase and the woman frequently conceives. For success, the earnest coöperation of the patient is essential.

The presence of the hymen sometimes requires attention, as does also a hyperæsthetic condition of the vagina. If the woman is anæsthetized, the so-called ethereal connection, and sexual intercourse perfected, once or twice, there will seldom be much trouble afterwards. Treatment is very difficult; the nervous symptoms of vaginismus are present, especially if they rest on a hysterical basis. Dilatation must be very carefully and gradually effected.

Endometritis must be cured. This is often easier said than done. The more radical treatment of recent years promises a more favorable prognosis for sterility. It is not unusual to see women who have long been sterile immediately conceive after curetting the uterus, for endometritis. In sterility from chronic cervical endometritis, I have had good success from painting the cervical canal with a solution recommended to me by Dr. Clement Godson, of St. Bartholomew's Hospital. This consists of per-chloride of iron, one part, glycerine three parts. A cure often results and conception is not infrequent. Often dependent on constitutional causes, treatment to this end is effective in these intra-uterine inflammations.

Dilatation of the cervix may be done either slowly or rapidly. Much controversy exists as to which is the better method. If we look over the testimony we will find that both methods are temporarily successful; that all are followed sooner or later by a return of the stenosis; that the dysmenorrhœa has been relieved in a larger or a smaller number, and that a

small percentage of cases in both operations are followed by endometritis, pelvic cellulitis, or peritonitis, that dysmenorrhœa disappears in many and sterility in a small number of instances.

Outerbridge, last Spring, introduced an instrument for the cure of sterility, which consisted of a continuous steel wire, made so as to form an anterior and a posterior blade, with a slight eversion at one end, the other bent at right angles. This instrument is to be inserted into the cervical canal in cases where it is not sufficiently patent. The instrument varies in length from one to three inches, is tempered to give it strength, and is silver or gold plated, assuring safety.

Sterility due to flexions of the uterus must be treated by raising the organ and lessening the amount of constriction. This is best accomplished by reëstablishing the normal relative positions of the uterine body and cervix.

Catheterization of the Fallopian tubes, in the hands of an experienced operator, is a feasible and in some instances an effectual method of treating certain cases of dysmenorrhœa and sterility, otherwise incurable.

Seabathing seems to have an inexplicable beneficial effect on many stubborn cases, as also have mineral waters and residences at watering-places. Among those highly recommended are Schwalbach, Spa, Franzensbad, Ems, and Marienbad.

The crystalline phosphide of zinc, $\frac{1}{4}$ grain morning and evening is highly recommended.

The avoidance of tea drinking and the ingestion of tannin and sulphur is to be advised.

Cohnstein thinks there is a time with every woman at more or less greater intervals, which he terms the period of predilection for fecundation. This may be a certain month or season of the year.

Belladonna has the reputation of promoting conception, but has not been very successful in my hands.

A medication which raises the nutrition of the entire organism improves the blood formation, and favors the resorption of the pathological products in the sexual organs is the indication needed.

Should the husband endeavor to rouse the sexual passions of the wife before the sexual act is undertaken, the orgasms

would occur more nearly together, and conception be more apt to follow.

The outflow of the semen from the vagina is not so frequent a cause of sterility as imagined, though it does act in this way. The woman should have her hips in an elevated position during coition, so that the vault of the vagina is lower than the introitus. The penis should be allowed to remain as long as possible in the vagina, forming an obstacle to the escape of the semen. Crossing the legs and remaining quietly in this position may also help retention. It is also recommended that immediately after intercourse the abdominal wall be elevated, so as to exercise an aspirating force upon the semen. Perineorrhaphy is frequently necessary for the prevention of this reflux.

Artificial impregnation should be done as a last resort in otherwise hopeless cases. If properly carried out, it is not dangerous to life, and may result successfully. There are no real moral reasons against it, but it is disagreeable for all concerned. Marion Sims, who first used this method on the human being, found it to succeed only once in 27 cases. Most gynaecologists have met with no result at all. First we should have the semen examined microscopically. Absence or paucity of the zoospерms, or the presence of many dead or deformed ones, especially the presence of pus cells, contraindicates operation. The performance should be preceded by an alkaline vaginal injection, phosphate of soda being recommended, to neutralize the effect of the vaginal secretions. Sexual intercourse should then take place promptly, as the obnoxious secretions may be reproduced. The syringe should be new and free from infectious matter, and filled with the alkaline solution. It should be brought exactly to the temperature of the body by placing in water at that temperature, or placed in the vagina for some time previous to use. The semen can be taken up by suction into the syringe, which should be done very slowly. It can be collected by the aid of a speculum, or the semen can be very nicely preserved from the secretions of the vagina by the use of a condom, which also makes it easier to obtain the fluid. The nozzle of the syringe should be passed up to the fundus of the uterus. A few drops are all sufficient, but a larger mass will do no harm. After the injection the woman should lie quietly for a

time. The operation should be made during that period when the woman is most easily impregnated, near the menses. Objections urged, on purely ethical grounds, may well be left to the parties chiefly concerned, the husband and the wife. If the wife objects to the physician taking part in her impregnation, the husband can be carefully instructed and may be able to carry out the matter himself. The operation is not necessarily condemned by either morality or religion; it is justified by the essentially legitimate, and essentially moral desire to beget children.

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SURGICAL OBSERVATIONS DURING A VACATION VISIT TO GERMAN AND FRENCH HOSPITALS AND CLINICS. By FRANK J. LUTZ, M. D., St. Louis.

Berlin.—The medical institutions of the German capital are so numerous and afford opportunity to witness the work of so many whose names are the common property of medical men, that if one were to visit Berlin without any prearranged plan and without definite ideas as to whom and what he is most desirous of seeing, he would not be equal to the occasion.

Berlin is the embodiment of the German Empire—the local expression as it were of the general condition. Like the empire she is a giant of quick growth and rapid progress. In twenty years she has tripled her population and to an American her beautiful public and private buildings, the cleanliness of her streets and the exemplary conduct of her inhabitants are a source of never ceasing wonder.

Of the many medical institutions the *Royal Charité* the largest hospital and medical school of Germany, is the most interesting. The large complex of buildings represents the different epochs in the construction of hospitals from the year 1710 when King Frederic I, erected a three story wooden building in the suburb of Berlin to receive the unfortunates who might be stricken down by the pestilence which threatened to invade the city up to the present day.

The average daily number of patients is 1600; the average cost per patient is about 44 cents for adults, and about 30 cents for children under 12 years.

The medical staff consists of 13 directors, 30 assistants and 28 second assistants. Each director has charge of a separate division or clinic. The general supervision is exercised by a medical superintendent.

There are three medical divisions, of these the first contains 155 beds and is presided over by Prof. Leyden; the second has 135 beds in charge of Prof. Gerhard; the third 84 beds is managed by Prof. Senator.

The surgical division has 305 beds, with Prof. Bardeleben at its head; the clinic for mental and nervous diseases, 203 beds, where Griesinger formerly held forth, is conducted by Westphal, whilst the obstetric (130 beds) and gynæcological (59 beds) which are utilized for the benefit of the "school for midwives" is in charge of Prof. Gusserow.

Henoch's clinic for children has 90 beds and the syphilitic wards of Lewin accommodate 285 patients; Schweninger has 72 beds of skin diseases and Burchard's division for eye diseases holds 39 patients.

In addition there is a separate division (178 beds) for men, suffering from internal diseases of which Prof. Fraentzel has charge and 14 sick prisoners can be cared for in an isolated ward.

Without leaving the grounds, clinical instruction can be had here from morn till night in the various departments.

Besides these medical wards the Charité comprises the "Pathological Institute" erected in 1856 for Virchow. Not to see Virchow when in Berlin, would be to visit Rome without seeing the Pope. It was a singular coincidence that the first lecture which I attended in the Charité was delivered by the first man in the medical world. It is but natural that we

should wish to see in person the authors whom we read and study and whose names are familiar to us and glide as glibly from our tongues as those of our friends. I was profoundly impressed when I found myself in the presence of the great pathologist and during the hour-and-a-half which he occupied in demonstrating pathological specimens recently obtained, he had no more attentive listener than I. He speaks in a conversational tone of voice, but is very impressive. In his lecture he dwelt more particularly upon the formation of exostosis cartilaginea, chondromata and the changes found in rachitic bones, having numerous specimens and mounted sections to illustrate what he described; and the more obscure points of his discourse he illustrated by drawings upon the blackboard.

He is very exacting of his students and demand their undivided attention. Twice he felt called upon to severely reprimand students, much to their discomfiture. How fortunate the students who have opportunities such as are here presented to familiarize themselves with pathology! The anatomicopathological museum connected with the institute and which was founded by Vinchow contains about 20,000 specimens. Nor can one fail to be attracted by the world famed collection of skulls so frequently referred to in anthropological literature.

One thousand two hundred autopsies are made annually by the assistants and the material therefrom realized is placed at the disposal of the pathologist. In separate wings of the institute chemical and bacteriological studies can be pursued.

Bardeleben's operating theatre is the typical old fashioned arena, with but scant provisions for aseptic surroundings and Bardeleben himself the typical old school surgeon—the nestor of the surgical profession of Berlin. Personally he is an affable gentleman and during his operations, he continually explains the different steps in the procedure and whilst he occasionally emphasizes strongly, he does it so gracefully as not to give offence nor does he seem ever to lose his temper.

A herniotomy which I saw him perform one day seemed to be so devoid of attraction to his students that the hall was soon deserted, but to the experienced surgeon it was full of interest and very instructive and it showed the operator under very trying circumstances. The patient was a man 41 years old, who since his nineteenth year had suffered from a right

oblique inguinal or rather scrotal hernia. For several years B. had advised against an operation, which the patient urged for cosmetic reasons only; recently he concluded to enter into entangling alliances and would not permit the operator to put him off any longer. After opening the sac it was found that a large mass of omentum and a coil of small intestines were firmly adherent to its inner surface. A portion of the omentum was tied with catgut and cut off, and after freeing the intestine, the stump of the omentum and the sac which had been dissected loose were used as a plug to close the neck of the sac which was large enough to admit four fingers.

Next to the *Charité* the *Royal Clinic* claims our attention. This institution was founded with the University in 1810 and then consisted of twelve beds. Now it is a magnificent building or number of buildings, in the construction of which modern ideas as regards aseptic surroundings and all the precautions against septic infection are scrupulously carried out. In the operating room, with a seating capacity of 300 are the marble busts of the three illustrious surgeons, who preceded Bergman, as "chefs,"—Graefe, Dieffenbach and Langenbeck. The clinical material at the disposal of Bergmann is enormous. About 15,000 patients receive surgical treatment, every year, at the surgical policlinic. The surgical wards contain 277 beds and are in charge of eight assistants. Bergmann pays two visits a day to the "Klinik." From 8 to 10 in the morning he makes his rounds through the wards, listens to the reports of the assistants on the various cases which may require his attention and in the afternoon from 2 to 4 o'clock he conducts the clinic in the large amphitheatre.

At two o'clock we were presented to Bergmann who extended to us a cordial invitation to enter the arena. Every seat of the large amphitheatre was taken and many gentlemen had standing room only and watched the proceedings with opera-glasses. A most unsatisfactory means of observing an operation. Prof. Bergmann is a tall, stately gentleman, with a dashing air. He is precise and positive in his statements, and an impressive teacher. As he enters the arena and makes his graceful bow, first to his assistants and then to the assembled students, who are as quiet as a congregation, one can not but feel that a more than ordinary performer is about to begin. Every thing is clock work, every assistant and every nurse performs his part

with neatness and dispatch and whilst nobody seems in a hurry the perfect systematising of the work permits them to accomplish much in a short time.

The advanced students are called into the arena in rotation by the Professor and each new case brought upon the table is examined by a student, who after thoroughly scrubbing his hands and donning a long white gown, makes a diagnosis after a vigorous examination, during which he is aided and corrected as the occasion may require by the teacher.

At one of these clinics, Bergmann castrated a boy two years old for tubercular epididymitis and orchitis, there being tubercular deposits high up along the cord. The inguinal canal was laid open, to remove all the diseased portions of the cord and the wound stuffed with iodoform gauze.

Another boy 10 years old, presented the typical picture of coxitis on the left side. Heyfelder's incision was made and the head of the femur removed by the chain saw when it was found that the joint cavity contained pus and that the acetabulum also was involved. The latter was thoroughly scraped with the sharp spoon and stuffed with iodoform gauze.

The 22 year old girl who was next wheeled into the operating room suffered from tuberculosis of the left ilium near the sacro-iliac synchondrosis. The sinuses which lead to the carious bone were laid open, a portion of the osseous structure removed with the chisel, the granulations and the sinuses were scraped with the sharp spoon and the remaining cavity stuffed with iodoform gauze.

This as is well known is Bergmann's method of treating almost all wounds. After 48 hours the tampon is removed and the wound united by knotting the sutures if they had been previously introduced, which should be done whenever practical, since it saves the patient additional pains.

Bergmann takes great pains to explain to his listeners the rationale of the operation and before and after every new step, he has the field cleared to enable the student to see what is about to be or what has been done.

The Klinik has a magnificent collection of pathological specimens, among them a most valuable collection of vesical calculi; the specimens obtained by Langenbeck in the Danish war and those which Bergmann brought from the late Turko-Russian campaign. Their inspection is a rare treat.

Visitors to the *Krankenhaus am Friedrichshain*, the newer of the City Hospitals of Berlin are most welcome from 10 to 1 o'clock. Dr. Hahn is the surgeon in charge, a most courteous and obliging gentleman, who placed us in charge of his first assistant, Dr. Helmer. Under his guidance I examined the construction of the thirteen pavilions of which the hospital is composed and the large executive building.

The *Krankenhaus* has capacity for 620 beds. An especial pavilion is set aside for children suffering from diphtheria. It is heated by a low pressure steam apparatus from which the atmosphere of the ward may be kept in a state of moisture when this is desirable.

As in the other hospitals, so here much scientific work is done, both in the operating and in the dead house. The former is a well lighted and beautifully equipped structure of iron and glass entirely separated from the pavilions and permits of the most scrupulous aseptic surroundings. I spent a most profitable day with Dr. Hahn and was profoundly impressed by his successful though daring surgery. Scrupulous cleanliness and close attention to detail, aid skill in achieving marvelous triumphs.

In the dead-house two assistants are constantly at work making post-mortems, examining microscopically the specimens obtained, and preparing them for the museum.

Both Dr. Hahn and Prof. Fuerbringer the clinician, conduct vacation courses for physicians and the material at their disposal affords splendid opportunities for clinical instruction.

The Berlin Medical Society of which Virchow is the president has about 750 members, a library of some six thousand volumes, including most of the more important medical journals of the various countries and a quiet suite of rooms in which its members can pursue their literary work assisted by a competent librarian. Feelings of sadness and discontent at our futile effort to create a similar institution for ourselves, could not be banished whilst I sat in a comfortable arm-chair, dreamingly turning the leaves of a copy of the *St. Louis MEDICAL AND SURGICAL JOURNAL* and wondering whether it would be a long time before our apathy would be shaken off, and whether we would always continue to struggle and grasp without occasionally pausing and looking upon the other, more pleasant side of our exacting work. "But years must pass before a hope of youth is resigned utterly," and perhaps some day . . .

Halle.—The city of Halle is known to surgeons because Volkmann calls it his home. I was more anxious to see Volkmann than perhaps any other German surgeon, for I had formed an ideal of him, as we often do of authors whose works we read and whose ideas we have absorbed and made our own. Unfortunately for surgery his days of usefulness seem limited. Even now he exhibits the unmistakable traces of having been "the prince of gentlemen," as he was the great surgeon. He admires Americans and prefers to converse with them in their own vernacular. When I visited Halle he had just returned from Italy and his place had been filled by Prof. Oberst who conducts his clinic and lectures in his stead.

The amphitheatre, a comparatively modern structure has a seating capacity of about 150 students, who can not however, see much of an operation because they look directly into the light—a defect which I am told will soon be remedied by reconstructing the entire operating room. The surgical instruction is thoroughly practical; the candidates for graduation are expected to participate in rotation, in the operative procedures which are thought necessary—always of course under the guidance and with the assistance of the teacher. One student makes or attempts to make the diagnosis, another administers the anaesthetic and a third performs the operation.

Several cases of hydrocele, furnished the text for extensive remarks by Prof. Oberst on the pathology, symptomatology and various modes of treatment, palliative and radical, of this very frequent affection. He, and he voices the sense of Volkmann, does not think it necessary to remove the tunica vaginalis as Bergmann practices it, because of the additional injury which this procedure inflicts, but the obliteration of the sac is accomplished by laying it open by a longitudinal incision. After all bleeding points have been secured, and the testicle has been thoroughly examined to determine if possible the cause of the effusion, the tunica vaginalis is sewed to the skin by interrupted catgut sutures and small drainage tubes are inserted between the membrane and the skin. Formerly the cavity of the tunica was stuffed with iodoform gauze and permitted to granulate. This has been modified so that a drainage tube is inserted into the sac and the two sides of the wound are brought into apposition, by catgut sutures. This insures speedy union and after five days all drainage tubes are removed and the pa-

tient may walk about, supporting the scrotum by a well-padded suspensory. Since my return I have had occasion to convince myself of the superiority of this method over the former

The surgical klinik or hospital has 250 beds. Almost at every bed some contrivance gives evidence of the mechanical genius of him who for many years directed the treatment of the injured and afflicted who entered this hospital. Nor can one fail to spend several hours most profitably in the beautifully arranged museum which contains the pathological specimens obtained in the surgical wards, and which are used during the clinical and dialactic lectures. Of the latter there are comparatively few, more time being devoted to clinical instruction and laboratory and dissecting-room work.

The "Anatomie," an immense building in which the students dissect, and in which autopsies are made, is also the place where anatomy is taught. The amphitheatre, with the prosecutors' and professors' rooms, is built as an annex to the main building, and seats about 200 students. The "curator" proved a most valuable cicerone through the anatomical, histological and zoölogical museums. All the specimens are preserved in glass and iron cases. The zoölogical museum is especially comprehensive; it contains the skeletons of all known animals, from the elephant to the ant.

The most interesting skeleton which is preserved in the anatomical museum is that of Meckel, the great anatomist, for whom the spheno palatine ganglion is named. Meckel lived and taught here. In his will he bequeathed three hundred German thalers for the purpose of having his skeleton properly cleaned, and he ordered it kept in the anatomical museum, enjoining the faculty, however, not to exhibit it. This enjoinder is interpreted now, to mean that it shall not be shown in the lecture room, and hence no one fails to ask, as he passes through the room, "Whose skeleton is that, standing by itself in so conspicuous a place?" In the same case are the heads of his three brothers.

Cologne.—Bardenheuer, one of the most voluminous, and at the same time instructive and practical, writers on surgical subjects in German, is the surgeon of the "Cologne Bürger Hospital." His recent work on permanent extension in the treatment of fractures and dislocations is such a rich mine of sound reasoning, based upon a just appreciation of the phys-

iological properties of the muscles and their influence upon fractured and dislocated bones, and is based upon such an enormous experience, to say nothing of the tireless energy and perseverance, which are brought to bear in carrying out the method of treatment suggested in it, that it can not fail to make a most favorable impression upon surgical practice. He claims for his plan of treatment the ideal results, viz: no shortening, no rotation of the fragment, no exuberant callus, no ankylosis, and an earlier restoration of the function of the limb, in addition to the fact that it requires a shorter time for union to be established.

The machinery necessary to carry out a plan of treatment based on the principle of making extension in such a manner as to overcome the elastic retraction of the muscles which causes the dislocation of the fragments and to diminish the inter-fragmentary pressure, is necessarily intricate and requires in its manipulation much mechanical skill and an intimate acquaintance with the anatomical structures involved. For fractures of the lower extremities, which necessitate *ipso facto* confinement in bed, the surgeon readily obtains the consent of the patient to attach adhesive straps and weights to make appropriate extension, but in those of the upper extremity objections are entered to the confinement in bed, the total abstaining from work, and in many instances the surgeon himself hesitates to enforce the recumbent position in an otherwise healthy individual. To overcome these objections Bardenheuer has recently substituted elastic springs for extension made by weights, and they have the additional advantage of constant and equable action, and in that the amount of extension can be accurately measured.

In his wards I examined perhaps forty cases treated by the extension plan. His apparatus for treating Colles fracture, proverbially a difficult one to manage, yields magnificent results. The average time required for treatment is thirteen days, and in three weeks the function of the joint is again established. In no case was there any excessive callus or ankylosis.

Bardenheuer's method of removing hypertrophied tonsils and neoplasms of the posterior nares, has much to recommend it. The operations are done with the head in the dependent position; the mouth is pried open with a gag con-

structed for that purpose, and the growths are removed with a pair of sharp mouthed forceps bent at almost a right angle. The anæsthetized patient offers no resistance, and no blood flows into the throat. He had the kindness to illustrate his method to me by operating on a boy twelve years old, whose tonsils were immensely hypertrophied.

The asphaltum floor of his operating room does not wear so well as the terazzo floor; in many places it is cracked, and in others it shows the marks of the operating tables' rollers. Here, too, chloroform is the anæsthetic mostly employed and its administration is entrusted to nurses and attendants.

A CASE OF TYPHOID FEVER WITH SUBNORMAL TEMPERATURE AND PULSE.* BY A. S. WILTSE, M.D., Skiddy, Kan.

PSYCHOLOGICAL PHENOMENA.

In approaching this part of my subject I am aware that I am treading upon dangerous ground. I shall offer no theories, but try to place those, who may wish so to do, in possession of as many facts as possible as their ground of survey, trusting that all may aim sincerely at the only goal of science, namely, fact—which is only another name for truth or ultimate knowledge. For convenience of expression please bear in mind I shall write as if all were things of actual occurrence.

I lost, I believe, all power of thought or knowledge of existence in absolute unconsciousness. Of course, I need not guess at the time so lost as in such a state a minute or a thousand years would appear the same. I came again into a state of conscious existence and discovered that I was still in the body, but the body and I had no longer any interests in common. I looked in astonishment and joy for the first time upon myself—the me, the real Ego, while the not me closed it upon all sides like a sepulchre of clay.

With all the interests of a physician, I beheld the wonders of my bodily anatomy, intimately interwoven with which, even tissue for tissue, was I the living soul of that dead body. I learned that the epidermis was the outside boundary of the

* Read before the Tri-State Medical Society of Tennessee, Alabama and Georgia, held at Chattanooga, Tenn., October 15.

ultimate tissues, so to speak, of the soul. I realized my condition and reasoned calmly thus. I have died as men term death and yet I am as much a man as ever. I am about to get out of the body. I watched the interesting process of the separation of soul and body. By some power, apparently, not my own, the ego, was rocked to and fro, laterally, as a cradle is rocked by which process its connection with the tissues of the body was broken up. After a little time the lateral motion ceased, and along the soles of the feet beginning at the toes, pressing rapidly to the heels, I felt and heard, as it seemed, the snapping of innumerable small cords. When this was accomplished I began slowly to retreat from the feet, toward the head as a rubber cord shortens. I remember reaching the hips and saying to myself, "Now, there is no life below the hips." I can recall no memory of passing through the abdomen and chest, but recollect distinctly when my whole self was collected into the head, when I reflected thus: I am all in the head now, and I shall soon be free. I passed around the brain as if I were hollow, compressing it and its membrane, slightly, on all sides, toward the center and peeped out between the sutures of the skull, emerging like the flattened edges of a bag of membranes. I recollect distinctly how I appeared to myself something like a jelly fish as regards color and form. As I emerged, I saw two ladies sitting at my head, I measured the distances between the head of my cot and the knees of the lady opposite my head and concluded there was room for me to stand, but felt considerable embarrassment as I reflected that I was about to emerge naked before her, but comforted myself with the thought that in all probability she could not see me with her bodily eyes, as I was a spirit. As I emerged from the head I floated up and down and laterally like a soap-bubble attached to the bowl of a pipe until I at last broke loose from the body and fell lightly to the floor, where I slowly rose and expanded into the full stature of a man. I seemed to be translucent, of a bluish cast and perfectly naked. With a painful sense of embarrassment I fled toward the partially opened door to escape the eyes of the two ladies whom I was facing as well as others whom I knew were about me, but upon reaching the door I found myself clothed, and, satisfied upon that point I turned and faced the company. As I turned, my

left elbow came in contact with the arm of one of two gentlemen, who were standing in the door. To my surprise, his arm passed through mine without apparent resistance the severed parts closing again without pain as air reunites. I looked quickly up at his face to see if he had noticed the contact, but he gave me no sign only stood and gazed toward the couch I had just left. I directed my gaze in the direction of his, and saw my own dead body. It was lying just as I had taken so much pains to place it partially upon the right side the feet close together and the hands clasped across the breast. I was surprised at the paleness of the face. I had not looked in a glass for some days and had imagined that I was not as pale as most very sick people are. I congratulated myself upon the decency with which I had composed the body and thought my friends would have little trouble on that score.

I saw a number of persons sitting and standing about the body and particularly noticed two women apparently kneeling by my left side and I knew that they were weeping.

I have since learned that they were my wife and my sister, but I had no conception of individuality. Wife, sister or friend were as one to me. I did not remember of any conditions of relationship, at least I did not think of any. I could distinguish sex, but nothing further.

I now attempted to gain the attention of the people with the object of comforting them as well as assuring them of their own immortality. I bowed to them playfully and saluted with my right hand. I passed about among them also, but found that they gave me no heed. Then the situation struck me as humorous and I laughed outright.

They certainly must have heard that, I thought, but it seemed otherwise, for not one lifted their eyes from my body. It did not once occur to me to speak and I concluded the matter by saying to myself: "They see only with the eyes of the body. They can not see spirits. They are watching what they think is me, but they are mistaken. That is not I. This is I and I am as much alive as ever."

I turned and passed out at the open door, inclining my head and watching where I set my feet as I stepped down on to the porch.

I crossed the porch, descended the steps, walked down the path and into the street. There I stopped and looked about me. I never saw that street more distinctly than I saw it then. I took note of the redness of the soil and of the washes the rain had made. I took a rather pathetic look about me, like one who is about to leave his home for a long time. Then I discovered that I had become larger than I was in earth life and congratulated myself thereupon. I was somewhat smaller in the body than I just liked to be, but in the next life I thought I am to be as I desired.

My clothes, I noticed, had accommodated themselves to my increased stature and I fell to wondering where they came from and how they got on to me so quickly and without my knowledge. I examined the fabric and judged it to be of some kind of Scotch material, a good suit, I thought, but not handsome; still, neat and good enough. The coat fits loosely too, and that is well for summer. How well I feel, I thought. Only a few minutes ago I was horribly sick and distressed. Then came that change, called death, which I have so much dreaded. It is passed now and here am I still a man, alive and thinking, yes, thinking as clearly as ever, and how well I feel, I shall never be sick again. I have no more to die, and in sheer exuberance of spirits I danced a figure and fell again to looking at my form and clothes.

Suddenly I discovered that I was looking at the straight seam down the back of my coat. How is this, I thought, how do I see my back? and I looked again, to reassure myself, down the back of the coat, on down the back of my legs to the very heels. I put my hand to my face and felt for my eyes. They are where they should be, I thought. Am I like an owl that I can turn my head half way round? I tried the experiment and failed.

No! Then it must be that having been out of the body, but a few moments, I have yet the power to use the eyes of my body, and I turned about and looked back in at the open door, where I could see the head of my body in a line with me. I discovered then a small cord, like a spider's web, running from my shoulders back to my body and attaching to it at the base of the neck in front.

I was satisfied with the conclusion that by means of that cord, I was using the eyes of my body and turning, walked down the street.

I had walked but a few steps when I again lost my consciousness, and when I again awoke found myself in the air, where I was upheld by a pair of hands, which I could feel pressing lightly against my sides. The owner of the hands, if they had one, was behind me, and was shoving me through the air at a swift but pleasant rate of speed. By the time I fairly realized the situation I was pitched away and floated easily down a few feet, alighting gently upon the beginning of a narrow, but well built roadway, inclined upward at an angle of something less than 45°.

I looked up and could see sky and clouds above me at the usual height. I looked down and saw the tops of green trees and thought: It is as far down to the tree tops as it is high to the clouds.

As I walked up the road, I seemed to face the north. I looked over the right side of the road and under it could see the forest, but discovered naught to support the roadway, yet I felt no fear of its falling. I examined the material of which it was built. It was built of milky quartz and fine sand. I picked up one of the gravels and looked at it particularly. There had been a recent rain upon it and the coolness was refreshing to me. I noticed that, although the grade was steep, I felt no fatigue in walking, but my feet seemed light, and my step buoyant as the step of childhood, and as I walked I again reverted to my late condition of illness and rejoiced in my perfect health and strength. Then a sense of great loneliness came over me and I greatly desired company, so I reasoned thus: Some one dies every minute. If I wait twenty minutes the chances are great that some one in the mountains will die, and thus I shall have company. I waited, and while so doing surveyed the scenery about me. To the east was a long line of mountains, and the forest underneath me extended to the mountains, up their sides and out on to the mountain top. Underneath me lay a forest-clad valley, through which ran a beautiful river full of shoals, which caused the water to ripple in white sprays. I thought the river looked much like the Emerald River, and the mountains, I thought, as strongly resembled Waldron's Ridge. On the left of the road was a high bluff of black stone and it reminded me of Lookout Mountain, where the railroad passes between it and the Tennessee River. Thus memory, judgment and

imagination, the three great faculties of the mind, were intact and active.

I waited for company, what I judged to be twenty minutes; but no one came. Then I reasoned thus: It is probable that when a man dies he has his individual road to travel and must travel it alone. As no two men are exactly alike, so, most likely, no two travel the same road into the other world. I reflected that as eternal existence was now assured, I had no need to hurry, and so walked very leisurely along, now stopping and looking at the scenery, or looking back over the road if, perchance, some one might come along and occasionally turning and walking backward, and thus watching the road behind me for company I so strongly desired. I thought certainly some one from the other world would be out to meet me, though strangely enough, I thought of no person whom above others I desired to see. Angels or fiends, one, I said, will come out to meet me—I wonder which it will be? I reflected that I had not believed all the Church tenets, but had written and taught verbally a new and, I believed, a better faith. But I reasoned, I knew nothing, and where there is room for doubt there is room for mistake. I may, therefore, be on my way to a terrible doom. A great fear and doubt came over me and I was beginning to be very miserable, when a face so full of ineffable love and tenderness appeared to me for an instant as set me to rights upon that score.

Suddenly I saw at some distance ahead of me three prodigious rocks blocking the road, at which sight I stopped, wondering why so fair a road should be thus blockaded, and while I considered what I was to do, a great and dark cloud, which I compared to a cubic acre in size, stood over my head. Quickly it became filled with living, moving bolts of fire, which darted hither and thither through the cloud. They were not extinguished by contact with the cloud, for I could see them in the cloud as one sees fish in deep water.

The cloud became concave on the under surface like a great tent and began slowly to revolve upon its perpendicular axis. When it had turned three times, I was aware of a presence, which I could not see, but which I knew was entering into the cloud from the southern side. The presence did not seem, to my mind, as a form, because it filled the cloud like some vast intelligence. He is not as I, I reasoned: I

fill a little space with my form, and when I move the space is left void, but he may feel immensity at his will, even as he fills this cloud. Then from the right side and from the left of the cloud a tongue of black vapor shot forth and rested lightly upon either side of my head, and as they touched me thoughts not my own entered into my brain.

These, I said, are his thoughts and not mine; they might be in Greek or Hebrew for all power I have over them. But how kindly am I addressed in my mother tongue that so I may understand all his will.

Yet, although the language was English, it was so eminently above my power to reproduce that my rendition of it is as far short of the original as any translation of a dead language is weaker than the original, for instance, the expression. This is the road to the eternal world, did not contain over four words, neither did any sentence in the whole harrangue, and every sentence had it been written must have closed with a period, so complete was the sense. The following is as near as I can render it, without more careful painstaking than I have time for now, as this article must be ready by a certain date.

“ This is the road to the eternal world. Yonder rocks are the boundary between the two worlds and the two lives. Once you pass them, you can no more return into the body. If your work was to write the things that have been taught you, waiting for mere chance to publish them, if your work was to talk to private individuals in the privacy of friendship—if this was all, it is done, and you may pass beyond the rocks. If, however, upon consideration you conclude that it shall be to publish as well as to write what you are taught, if it shall be to call together the multitude and teach them, it is not done, and you can return into the body.”

The thoughts ceased and the clouds passed away, moving slowly toward the mountain in the east. I turned and watched it for some time when, suddenly, and without having felt myself moved, I stood close to and in front of the three rocks. I was seized with a strong curiosity then to look into the next world.

There were four entrances, one very dark one at the left between the wall of black rock and the left hand one of the three rocks, a low archway, between the left hand and the

middle rock and a similar one between that and the right hand rock and a very narrow pathway running around the right hand rock at the edge of the roadway.

I did not examine the opening at the left—I know not why, unless it was because it appeared dark, but I knelt at each of the low archways and looked through. The atmosphere was green and everything seemed cool and quiet and beautiful. Beyond the rocks, the roadway, the valley, and the mountain range curved gently to the left, thus shutting off the view at a short distance. If I were only around there, I thought, I should soon see angels or devils or both, and as I thought this, I saw the forms of both as I had often pictured them in my mind. I looked at them closely and discovered that they were not realities, but the mere shadowy forms in my thoughts and that any form might be brought up in the same way. What a wonderful world, I exclaimed, mentally, where thought is so intensified as to take visible form. How happy shall I be in such a realm of thought as that.

I listened at the archways for any sound of voice or of music, but could hear nothing. Solid substances, I thought, are better media of sound than air, I will use the rocks as media, and I rose and placed my left ear to first one rock and then the other throughout, but could hear nothing.

Then suddenly I was tempted to cross the boundary line. I hesitated and reasoned thus: I have died once and if I go back, soon or late, I must die again. If I stay some one else will do my work, and so the end will be as well and as surely accomplished and shall I die again? I will not, but now that I am so near I will cross the line and stay, and so determining I moved cautiously along the rocks. There was danger of falling over the side of the road for the pathway around was but narrow. I thought not of the archways. I placed my back against the rock and walked sideways.

I reached the exact center of the rock, which I knew by a carved knob in the rock marking the exact boundary. Here, like Cæsar at the Rubicon, I halted and parleyed with conscience. It seemed like taking a good deal of responsibility, but I determined to do it, and advanced the left foot across the line. As I did so, a small, densely black cloud appeared in front of me and advanced toward my face. I knew that I was to be stopped. I felt the power to move or to think leav-

ing me. My hands fell powerless at my side, my shoulders and head drooped forward, the cloud touched my face and I knew no more.

Without previous thought and without apparent effort on my part, my eyes opened. I looked at my hands and then at the little white cot upon which I was lying, and realizing that I was in the body, in astonishment and disappointment, I exclaimed—What in the world has happened me? Must I die again?

I was extremely weak, but strong enough to relate the above experience despite all injunctions to quiet. Soon afterward I was seized with vomiting, severe and uncontrollable. About this time Doctor J. H. Sewel, of Rockwood, Tenn., called upon a friendly visit, not knowing I was sick. I was hic-coughing terribly and in consultation he said, "Nothing short of a miracle, I fear, can save him." He suggested creosote, which was tried and seemed to do some good, though as a patient, I can't see how, for if ever anything tasted villainous, it did. I was given very hot water to drink, filling the stomach until I could stand it no longer, but must throw it over-board, and this repeated a few times put a quietus to the vomiting.

I had great distress for breath, requiring to be fanned constantly in the face for several days, which condition ceased abruptly, so that from its giving me breath it suddenly seemed to fill me with air to the extent of choking, and I called on them to desist, nor did I experience any more trouble for breath.

I got injections of brandy and milk; digitalis and ammonia sustained the heart despite its constant tendency to failure. I was treated to alcohol baths, kept awake during the worst attacks of heart failure, was enjoined to absolute quiet, kept in hot flannels, and fed a little nourishing food at short intervals, and wine given me every two hours. I was not allowed to raise my head or hand without help, as the least exertion or excitement lowered both pulse and temperature.

After many days it seems to me, the temperature began to creep up and soon ran above normal, but only a little, wavered back and forth for a few days and settled at a half degree below where it remained during the greater part of convalescence, when it mounted to normal, the pulse mounted

to above fifty for keeps, as boys say at marbles, then went to seventy-six and I made a rapid and good recovery, for having traveled some hundreds of miles during the interval, as I close this paper my pulse stands at 84 and is strong, just eight weeks from "the day I died," as some of my neighbors speak of it.

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PUT THE BLAME WHERE IT BELONGS.

Within the past few weeks, or since the subsidence of the craze which swept over the land consequent upon the announcement of Dr. Brown-Sequard concerning the effects of the injection of testicular juice, we have noted in a number of journals, medical and secular, beside the usual sneers at a failure, paragraphs or articles with such headings as "Another Victim of the Elixir," "A Sequel to the Elixir Folly," "Death of an Elixir Vitæ Victim," etc.—the tenor and tendency of all of which are the same, to-wit; to attribute the fatalities or conditions therein recorded upon Dr. Brown-Sequard and his "Elixir."

We think that it is high time to call a halt in this direction, and for scientific medical journals to make an effort to place the blame, not only for the accidents in question, but for the entire craze itself, where it properly belongs—not on the shoulders of the distinguished savant who made the memorable announcement before the Académie de Médecine, but upon the combination of causes and circumstances which turned an army of half-informed or totally ignorant men, armed with

hypodermic syringes, loose upon millions who had heard or knew just enough to make them wild to be experimented upon.

The first great cause of the folly which reigned throughout America for several weeks was the sensationalism of the daily press. The Paris correspondents of the great dailies, in their eagerness to send off something sensational, cabled garbled and crude reports of the original announcement. Within twenty-four hours thereafter it was published in every town and village in the land, and in a few hours more hundreds of reporters were hunting up local celebrities in the medical line, asking their opinion of "the Elixir"—for but a few hours were sufficient to develop this name (one which Brown-Sequard abominates, and which is really not at all applicable to the real discovery).

Of course, the more discreet and conservative members of the profession refused to talk or to express an opinion based upon such knowledge of Brown-Sequard's announcement as was then at hand; but there were plenty of a different kind, ready and anxious to be interviewed, and even to experiment with the "material," concerning which, by the way, the crudest of ideas prevailed. Then followed the epidemic of "experiments," and, when we reflect upon the manner in which hundreds of these were carried out, the wonder is not that a few isolated persons have lost their lives through their agency, but that tetanus and septicæmia did not claim their victims by the score.

Remember, if you please, each of you, the accounts given in your local journals of the "cases" of trial of "Brown-Sequard's Elixir Vitæ" in your own towns—how they recorded the use of "material" (testicles) obtained from slaughter-houses frequently hours after the animal was slain; "distilled" water gotten from the local druggist (and by him from the hydrant or rain-water barrel, and, in the great majority of instances, alive with bacteria); the maceration of the gland in a mortar "kindly loaned by Mr. Pills, the druggist, who also superintended the maceration;" and a dozen similar suggestive facts. The filtering, when performed at all, was done through ordinary paper that had lain about the drug-store or office for weeks; the vessels, the instruments, the hands—all septic; the hypodermic syringe and its needles frequently in the

worst possible condition—is there any wonder that septicæmia was occasionally developed?

On the contrary, as we remarked above, that there were not twenty cases of septicæmia to every one that did not occur, is one of the strongest possible proofs of the harmlessness of the injection, if carried out under proper precautions and as directed by Brown-Sequard.

The history of medicine is full of incidents illustrative of the gullibility of the masses, and of their eagerness to accept and try anything which promised rejuvenation of the aged and the protraction of mortal existence beyond the limits set by nature for its dissolution; it is full, too, of instances where really valuable discoveries have, after enjoying a brief period of renown, lapsed into disuse or been buried in obloquy, because they did not perform, not what their discoverers promised, but what an over-confident, ignorant multitude, demanding miracles, expected of them; but we think that one might search the records of the arts from the days of Hermes Thrice-Master, or of Hippocrates, down to our own day for a parallel to the recent fiasco.

A physiological discovery, the result of nearly thirty years of investigation and experiment in the hands of an acknowledged master in the art of experimental physiology, modestly announced before the most august medical association in the world; garbled by reporters and flashed by the lightning from the center of human civilization to the very ends of the earth; taken up by the learned, the half-learned, and the ignorant, by physicians and laymen alike; yesterday filling column after column of every class of publications, lauded to the skies as the long-looked-for elixir of life, and to-day none so poor to do it homage! Laughed at, ridiculed, abused, accused of the results of the ignorance and incompetence of those who misused it, Brown-Sequard's discovery may play an important part in the therapeutics of the future, when those who are exercising their little wit in ridiculing it are forgotten.

SYPHILITIC PHYSICIANS.

Some time ago Neisser broached the subject of syphilis in physicians and how far it should affect them in their practice: The subject is one full of importance to the public at large, more especially when we consider the possibility of infec-

tion by means of the hands of surgeons and accoucheurs. It is unnecessary here to allude to the numerous instances wherein an accoucheur having acquired a digital chancre from a patient, innocently infected a number of other patients. This, however, is not the only question involved in a consideration of the possibilities of syphilitic infection by this means. While we know that there constantly exists a possibility of infection during the primary and secondary periods of the disease and that tertiary lesions are innocuous, another question presents itself. Is it safe for the surgeon or accoucheur to expose a patient to prolonged handling, even if a visible abrasion or solution of continuity of the integument does not exist and while the physician is in the active period of the disease? While, practically it is very seldom that cases of infection, under such circumstances, are reported there is much reason to suppose that a number of such cases have been attributed to other means of infection or silently ignored. If the integument of the hands of a syphilitic, in the active stage of the disease, be macerated may he not then become a carrier of syphilis? This question is one which, of course, could only be determined by experiments or observed as the result of actual occurrence.

Now, that syphilis is such a wide-spread disease and that it is such an easy matter for a physician to acquire it in the course of his duties, either through negligence or want of absolute cleanliness, we have a danger confronting the people which should be guarded against as much as possible. A form of infection, to which but little attention has been called, is that wherein the physician acts merely as a carrier of the virus. For instance, he examines a chancre, or mucous patch, or some similarly infectious syphilitic lesion and immediately thereafter some comparatively benign superficial ulcerative process upon another subject. If he has not carefully washed and cleansed his hands he can easily transfer the syphilitic virus to his innocent and confiding patient, and not acquire it himself.

Fortunately, the cases in which the surgeon and accoucheur acquire syphilis are not numerous and those who suffer from the disease generally submit to energetic therapeutic measures, so that the eruptive stage is short and in that way the period of the power of inoculating others. The physician who

is so unfortunate as to acquire syphilis, however, should consider it as his bounden duty to observe every possible precaution to prevent infecting his patients and every suspicious sore about the hands should receive careful attention and be under close observation until its exact nature is determined. But above all protection for the patients who can not protect themselves.

"SMALL PLAGIARISMS."

We read with a good deal of pleasure the editorial in a late number of the *Medical and Surgical Reporter* with the above caption, and which calls attention to a species of petty thievery that is exceedingly common with a certain class of medical journals, and to which we have frequently called attention in these columns. We allude to what our cotemporary calls "the practice of stealing abstracts and translations from other journals, which is usually indulged in by obscure publications, but which at times is not too small for journals of which better things might reasonably be expected," and would add to the "abstracts and translations," in making a list of the articles appropriated by these petty-larcenists, a class of practical notes which are invariably copied by honester (though not quite as "wide-awake") journals and *accredited to the thieves*. This latter is the galling point about the whole affair, and we sincerely hope that some means may be found by which a stop can be put to the habit. As apropos we copy the following which we find in the *National Druggist* of a recent date. Alluding to an item headed "Ice in the Sick-room," the editor of the *Druggist* says: "We clip the above from one of the numerous contemporaries in which we find it going the rounds. The New York *Medical Times* stole it bodily from the *St. Louis MEDICAL AND SURGICAL JOURNAL*, in which it originally appeared from the pen of the editor."

London, which is one of the cities which is of the most progressive type, is not quite as "swift" as the American cities of any magnitude as respect some things, at least. The English metropolis, quite recently, organized its first post-graduate course of instruction. A number of hospitals have joined together to further this object and something good may be expected.

Microscopy.

Home-made Apparatus.—The physician, whose field of labor lies in the country or in small towns, where it is impossible to obtain every little piece of apparatus that he may want, can, by the exercise of a little ingenuity, almost always make from the odds and ends of his waste box very passable and serviceable substitutes. Old umbrella ribs, bits of tubing, wire of every description, old corset steels, bits of broken watch or clock springs and similar "plunder," thus come into play, and a deft hand, with a pair of pliers or nippers, a few files and other simple tools, can not only make apparatus that answers the momentary purpose, but is quite as good, though not as handsome, as the more costly products of the instrument maker. Besides the convenience of being able thus to supply one's wants, there is an absolute pleasure in the "tinkering" to men of a mechanical turn of mind. The worker with the microscope, and in micro-chemistry, under the circumstances above mentioned, finds most frequent use for this talent, and it is often really astonishing how simple a device answers the purpose of a costly and complicated one, and to what an extent the inventive faculty is educated by a more or less constant appeal to it. Of course all men do not possess the "turn of mind" that enables one to see at a glance the way to do these things. In a recent publication—*Experimental Science*, by Geo. M. Hopkins (published by Munn & Co., New York), the author has devoted a chapter to this subject, and has illustrated it with a large number of engravings of apparatus easily improvised and made out of bits of wire, etc. The work is full, not merely of practical hints, but of instructions for carrying them out, and is one that should find a welcome place in the workshop of every worker with the microscope.

Determination of Exact and Approximate Amplification.—In the present condition of the manufacture of microscopes any general rule for the exact determination of linear magnification other than the use of the eye-piece and stage micrometers, is impossible. All of the formulæ dependent solely upon the tube-length, focal length of objectives and oculars, etc., are simply more or less near approximations, and for the following reasons: 1°. The absence of uniformity

among manufacturers in the standard of normal tube-length; 2°. The lack of agreement among them as to what should be included under the term tube-length; 3°. The difficulties in the way of an exact measurement of the actual tube-length after the normal standard is known; 4°. The varying distances of normal vision in different observers.

In explanation of these causes, we may state that some of the Continental opticians assume normal tube-length (or normal vision, which the standard of tube-length is intended to represent) to be 20 centimeters (8''), others 22, 24 and 26 centimeters, while the English and American makers as a rule assume the same to be ten inches. Again, some makers assume that the measurement of the tube-length should commence at the eye-lens of the eye-piece and terminate at the front lens of the objective (i. e., include the entire length of the tube), while others commence their measurement at the field lens of the eye-piece, and terminate as before; others commence with the front or eye-lens of the eye-piece, and terminate with the back or first combination in the objective.

Knowing the tube-length, however, and its method of estimation, the following rule will make an approximation to the amplification that will be near enough for ordinary purposes. Divide the tube-length by the focal length of the eye-piece, and by that of the objective, and multiply the results together. Thus, suppose we have a tube length of ten inches, a two-inch eye-piece, and a one-fifth-inch objective: $\frac{10}{2} = 5$; $10 \div \frac{1}{5} = 50$; $5 \times 50 = 250$, the approximate magnifying power. Mr. E. M. Nelson, the well-known English expert, gives the following: Let M = magnifying power, A = the equivalent focus of the eye-piece, B = the equivalent focus of the objective, O = the optical tube length (measured from the anterior principal focus of the eye-piece to the posterior principal focus of the objective), and D

$$\text{DO} \\ \text{the distance for distinct vision; then } M = \frac{DO}{AB}$$

Mr. Gundlach's method is more exact. It is essentially as follows:

Let M represent the magnifying power of an eye-piece, v the distance of distinct vision or focal length of the eye, f the focal length of the magnifier, we have the formula $M = \frac{v+f}{f}$.

Thus an eye-piece of one-inch focal length, with normal vision, or ten inches for the focal length of the eye, would magnify eleven diameters, and not ten, as heretofore accepted; a half-inch magnifies twenty-one times, instead of twenty, etc.

In determining the magnifying power of an objective, on the instrument, if M = magnifying power t = tube length and

$$f = \text{focal length of the objective, we have the formula } M = \frac{t-f}{f}$$

According to this rule the amplifying power of a one-inch objective with ten-inch tube length would be nine diameters, and not ten, as commonly supposed.

Having now determined the true magnifying powers of our eye-piece and objective, we have the following formula for the determination of any combination of eye-piece and objective, F being the equivalent focal length of the objective, f the focal length of the eye-piece, t the tube length, v the distance of distinct vision or focal length of the eye of the observer, M = total magnifying power:

$$M = \frac{t-F}{F} \times \frac{v+f}{f}$$

According to this formula a combination of a one-inch eye-piece and a one-inch objective, with ten inches tube length, will be ninety-nine diameters instead of one hundred, as formerly calculated.

F. L. J.

Dermatology and Genito-Urinary Diseases.

Supernumerary Testicle.—Dr. Leven gives a short description of a case of this nature in the *Monatshefte fuer Praktische Dermatologie*. The patient, a well developed man, presented in addition to the normal genitalia a tumor of the size of the testicle and situated near the upper portion of the epididymis. The tumor is smooth, of the consistence of the testicle and, upon pressure, elicits a sensation similar to that experienced upon pressing a testicle. No hernia exists and the spermatic cords are normal. The writer regards this anomaly as one analogous to supernumerary spleens. That

is, it is merely an offshoot from the gland, which has undergone more or less development. The condition is an interesting one, which is but seldom observed. In the above case the man was totally aware of the actual state of things until his attention was called to it by his wife.

Chancriform Syphilitomata.—Prof. Leloir calls attention to the fact (*Journal des Maladies Cutanées et Syphilitiques*) that he has observed local syphilitic manifestations appearing at the site of the primary lesions four or five years after the first appearance of the disease. Not only this, but he has seen such lesions appear annually at the same season in the same individual. He remarks that this would seem to suggest that some latent virus remained in that condition a variable length of time to become again active locally. These lesions correspond to the chancre redux of Fournier and the indurated pseudo-chancres of Hutchinson. General treatment has no influence in these lesions which yield to local measures such as Unna's mercurial plasters. The reappearance has also been prevented by applying the same measures to the seat of the original infecting chancre some time before the expected appearance of the chancriform lesion.

Gummata of the Velum Palati.—Dr. A. Roger details a case of multiple indurated syphilitic gummata of the soft palate in the *Annales de Dermatologie et de Syphiligraphie*. These cases are seen rather infrequently and there exists a possibility of their being mistaken for evidences of lupus. The author formulates his conclusion as follows: 1°. The soft palate may be the seat of syphilitic gummata, of a rare form, even absolutely abnormal. 2°. This anomaly has reference to two characteristics: the multiplicity of the gummata, and their persistence through sclerous involution. 3°. This form of gummata has a very great resemblance, objectively, to lupus of the same region. 4°. It is difficult to cure. Mixed treatment was adopted in this case and resulted quite favorably, as far as the general condition was concerned. The local lesions were not modified, the gummata preserving their color and shape and remaining hard.

Nitrate of Silver in Gonorrhœa.—Dr. L. Friedheim, in speaking of the methods of injection in the treatment of acute gonorrhœa (*Archiv fuer Dermatologie und Syphilis*), states

that after making a series of experiments with a number of remedies he has finally adopted the following as the best means of treating the trouble. The gonorrhœa is treated immediately with injections of nitrate of silver 1-4000 or 1-2000 at most. The secretion becomes greater, thicker and more purulent, at first, but in about four days it is thinner, whiter and more epithelial. The gonococci diminish in numbers and in a few days are no longer found in the discharge. While from four to six injections are taken at first the number is diminished gradually to one and this is supplemented by astringent, antiphlogistic and desquamative injections such as boric acid, zinc salts, or weak solutions of acetate of alumina. The discharge soon ceases, but the injection of silver nitrate should be continued once daily for several weeks.

New Needle Holder.—Dr. Fred J. Leviseur has devised a new needle-holder for removing hairs by electrolysis (*Medical Record*). A glance at figure 20 will show its construction. The small metal point is ball shaped and perforated from top to bottom, as well as from behind above, to in front below.

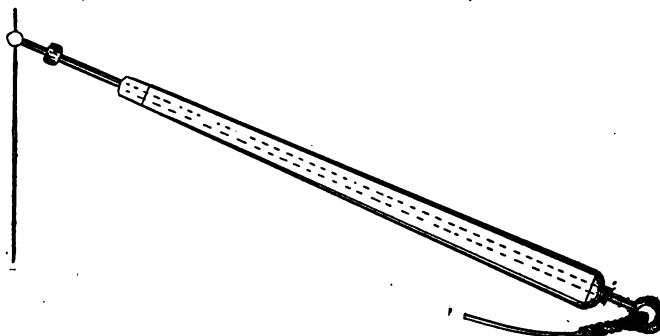


Fig. 17. Leviseur's Needle Holder.

The needle can be inserted and fastened by screw arrangement in three different positions so as to form, with the handle a right, or an acute, or an obtuse angle. The instrument is held like a writing pen and a slight movement of the wrist suffices to make the needle enter deeply into the hair follicle with an easy and elastic motion.

New Form of Pustular Dermatitis.—At the late International Congress of Dermatology and Syphigraphy held in Paris, Prof. Hallopeau spoke of a new form of pustular derma-

titis, occurring in foci and progressing excentrically (*British Journal of Dermatology*). He affirmed that this affection consisted in the production of foci of suppuration, which began in miliary vesico-pustules. Each lesion extended excentrically and slowly, healing in the center, of brownish-violet color. The periphery presented a narrow band of these small pustules. Some of these pustules were found on the external surface of the cheeks, on the tongue and soft palate. Treated by boracic acid, the lesions healed, leaving brownish macules. The bacteriological examination showed the presence of staphylococci, especially *staphylococcus albus*. It was evidently a parasitic disease. The diagnosis presented some difficulties, but the pustular syphilide and dermatitis herpetiformis might be eliminated. It was analogous to impetigo herpetiformis, but as it occurred apart from the puerperal condition, it might be considered as a new species—a chronic pyogenic infection limited to the integument.

O.D.

Diseases of the Eye and Ear.

To What Extent Should the Ear be Syringed?—An approximate rule in regard to syringing the ear is very desirable. Indiscriminate and violent syringing of ears, regardless of whether they need it or not, deserves severe condemnation. One should always know that an ear needs syringing before he resorts to the use of the syringe. The only possible object in syringing an ear is to cleanse it. If an ear is not unclean, it does not need syringing. Some otologists have gone to the opposite extreme from promiscuous syringing and introduced the so-called “dry treatment” for the ear. These hobbyists preach against the use of water in any form in the ear, and recommend, as a substitute, to wipe the ear clean with cotton. They forget that wiping the ears is ten times more irritating than the injection of two or three syringefuls of warm water. The latter thoroughly cleanses the ears, while it is impossible to wipe them clean. I conclude, therefore, that the doctrine of dry treatment is whimsical and wholly untenable. But how much syringing is too much? I answer: *Any syringing more than enough to cleanse the ear is too much.* This statement is rooted and grounded in fundamental and scientific principles, and should never be violated.

Spasm of the Palpebral Elevator Muscles.—Spasms of the orbicular muscles are very common, while spasmotic contraction of the lifting muscles of the lids is very rare. The first case of the kind I ever saw I examined a few weeks since. A young lady, about eighteen years old, in good general health, was unable to go to school because the use of her eyes was painful to her; any considerable study would make them ache and cause the head to ache, and after awhile the eyes would give out so she could not see well. The print would run together and become indistinct. Vision for distance was good. There was constant blinking of the eyes and spasmotic contraction of the orbicular muscles. The *diagnosis* was hypermetropia, necessitating spasmotic focusing of the eyes in order to see well, and associated with this condition were the blepharospasms, which not infrequently accompany spasm of focusing power. But the matter of greatest interest, to which I wish to refer particularly, was the well-marked spasm of the levator muscles. Every few moments the upper lids would suddenly draw far up under the upper edges of the orbits, and at once return as suddenly to their normal position in open-eyes. When the patient's attention was directed particularly to the behavior of the upper lids, she could temporarily control them; but so soon as her attention was diverted, the spasmotic opening or pulling upwards would return. This behavior of the upper lids was particularly interesting to me, as I had not observed the like before. I am unable to give any explanation for the spasmotic contraction of those muscles. I prescribed suitable hypermetropic glasses, and have since learned indirectly that the patient can use her eyes with comfort, and can read and study as much as she pleases.

Otitis Externa, Furuncles and Otorrhœa Perpetuated by Hot Water and Poultices.—A middle-aged lady has had intense and continuous pain in both ears for six long weeks. During that time she was never free from pain; first one ear and then the other would be painful; rarely both at the same time, but both always extremely tender to pressure or any kind of manipulation. This lady, giving the above history, applied for treatment, begging piteously for relief from the great suffering, if that were possible. I found both external meati closed up by the swelling of the skin in their outer two-thirds. The skin was intensely red, with elevated points in

each where recent furuncles had formed. The auricles were red and swollen, giving an erysipelatous appearance. Both ears and adjacent parts were very tender to the touch. The bottom of each ear was filled with "stinking" pus that had been pent up there for an indefinite time. Patient stated that she had been using hot water and poultices ever since her trouble began, by direction of her physician.

Diagnosis: In the beginning an ordinary *otitis externa*. This condition was greatly aggravated by the continuous use of hot water and hot poultices, and still further aggravated by imperfect and incomplete syringing. Soon furuncles began to develop in the inflamed skin. When matter would form it would run down to the bottoms of the ears and remain there indefinitely, and *in turn* it would perpetuate the otitis and furuncles by its constant moisture and decomposition. Thus the trouble was a self-perpetuating condition. The hot water and poultices had, no doubt, excited the inflammation of the auricles and aggravated the condition of the meati. I do not wish to be understood as condemning the use of hot water and hot poultices in these cases; I wish to condemn unsparingly their continuous use for an indefinite time, as in this case.

Treatment: I first cleansed the ears thoroughly by passing the point of the syringe through and beyond the closed portions of the meati, and forced the warm water to the bottom of the ears hard enough to bring out all the decaying pus. Then I dried the ears out thoroughly and worked a quantity of dry boracic acid carefully down to their bottoms and allowed it to remain there. This treatment I repeated every day till the suppuration had ceased entirely; then once in two or three days; finally once a week till all swelling and irritation had passed off. The patient never had another pain after the first treatment. In less than three weeks I dismissed her, well.

Subconjunctival Cyst, Due Probably to Cysticercus.—Nine years ago Mrs. F—— first noticed a fullness of left lower lid. Pulling the lower lid down, she was greatly surprised to find a large, round growth, like a tumor, projecting upwards between the lower lid and the ball. While she knew nothing of its presence up to this time, there is no doubt but that it had been developing slowly for years. She had never had any inflammatory or other trouble with the eye, and, in fact, did not know anything was wrong till she accidentally noticed

the fullness of the lid. During the nine years since she discovered the growth it had increased but very little, and for some years she thinks it has not increased at all. A few weeks since she called to see me, at the suggestion of Dr. Foster, of Carmi, Ill. On examination, I found a large semi-translucent cyst, about the size of a quail's egg, wedged in between the ball and lid, somewhat elongated by the pressure. The lower extremity reached far down towards the floor of the orbit, while the upper end was about on a level with the edge of the lid, but completely covered by it. The spherical extremity of the cyst was easily exposed by drawing the lid



Fig. 18. Subconjunctival Cyst.

down. The accompanying cut, made from a photograph, gives a good idea of its appearance. As stated before, it caused absolutely no disturbance. The normal conjunctiva left the ball close to the margin of the cornea, passed to and covered the projecting round end of the cyst. While I could not reach beyond its lower extremity with the finger, the cyst was somewhat movable, showing that it was loosely attached to the surrounding parts. The movements of the eye were not dis-

turbed. I determined to enucleate the entire cyst, and hoped I could get it away without rupturing it. I carefully dissected the overlying conjunctiva from the cyst walls, and had the whole cyst about two-thirds separated from surrounding parts when it ruptured, the contents (clear serum) escaped, and the whole thing collapsed and sank far down between the lid and ball. However, I succeeded in fishing it up, and with great difficulty dissected the entire sac out. The interior of the sac was a serous surface, and, so far as I know, its contents were pure serum. I suspect very strongly that a cysticercus was the primary origin of the cyst, but am unable to prove the suspicion. This is the first large subconjunctival cyst I have ever seen. I have seen several very small cysts under the points of pterygiums, located usually just at the sclero-corneal junction. After the operation the patient got along nicely, but had double vision for several days. The cornea stood too high, and the movements of the ball downwards were decidedly limited. This made me somewhat uneasy for fear I had cut or injured the inferior rectus. During the operation I kept that muscle in view, and was sure I avoided it entirely. I was much gratified to learn by letter that the double vision passed off completely in about two weeks, and the recovery was perfect.

A. D. WILLIAMS, M. D.

Medical Progress.

THERAPEUTICS.

Euphrasia Officinalis.—This long forgotten drug has been resurrected by Dr. A. M. Garland, who states (*Boston Medical and Surgical Journal*) that the one use of euphrasia, which will prove the greatest comfort to the physician, is in the acute coryza of babies. Sprays, snuffs and gargles are out of the question with babies, and none of the ordinary cold remedies possess the slightest influence over a coryza. A few drops of euphrasia in a half glass of water, which the little sufferer can drink *ad libitum*, will give prompt relief without disturbing the digestion. Moreover, the tincture of euphrasia is very aromatic, and smells like new-mown hay, and babies like it.

Resorcin in Whooping Cough.—This remedy seems to be gaining ground in the treatment of pertussis. In a late number of the *London Lancet* it is stated that Dr. Justus An-deer, who had previously written in recommendation of the employment of resorcin in whooping cough, has recently published some fresh cases illustrating, as he believes, the advantage of this method of treatment. One of the patients was his own child, a little girl of seven years of age, who during an epidemic of measles and whooping cough was attacked by the catarrhal form of the latter affection and suffered severely for a week, notwithstanding a change of climate. He then prescribed an ounce of a 2 per cent. solution of resorcin four times a day, part of which solution the child was to gargle, and part of which she was to take. This very soon began to show signs of affecting the course of the disease, for on the second day the fits of coughing very perceptibly diminished, and in eight or ten days the child was quite free from cough. Five other children, who had been unsuccessfully treated for some time, immediately began to improve under the resorcin treatment. In the case of a baby of six months old a sweetened solution of the strength of $\frac{1}{2}$ per cent. was given by means of a feeding-bottle and answered admirably.

Concentrated Solution of Magnesium Sulphate as an Enema.—Dr. J. T. Watkins in his inaugural thesis presented to the Gynæcological Society of Chicago, stated (*Medical News*) that after reviewing the literature, and reporting a number of cases in which the enemata had been used, he summarized its advantages as follows: 1°. Its action is local. 2°. It seldom fails, and produces copious stools. 3°. The time of action is short. 4°. The bulk is small, causing but very little, if any, discomfort to the patient. 5°. It is as unirritating as a simple enema. Its certainty of action has become so well recognized in the New York Woman's Hospital that it has been used in nearly all the operative cases, as the cathartic preparatory to operation, for the last six months. It is best administered with the patient in Sim's position, the hips being elevated by a pillow; and when much tenderness exists, it should be given through a large rubber catheter passed well up into the bowel. The patient is to be instructed to allow the abdominal muscles to remain lax, and, if necessary, the nurse is to keep up pressure over the anus, to cause it to be retained for at least fifteen

or twenty minutes. If the bowel should fail to expel the exuded liquid, a rectal tube should be inserted to allow its escape. Two ounces have been retained, without bad results; but Christison reports a case of death in a boy ten years old, where two ounces were taken by the mouth without being followed by purging. Where it is retained, the sphincter ani is likely to be strongly contracted, and great relief will follow forcible dilatation under an anæsthetic, which will also have a good effect upon the chronic constipation usually present.

The following is the formula he uses:

B	Magnesii Sulph.....	3 <i>ii.</i>
	Glycerine.....	3 <i>i.</i>
M.	Aquæ, q. s. ad.....	3 <i>ii.</i>

The solution is made more readily, and its power of diffusion increased, by the addition of glycerine. He has used three and four ounces of the salt, but does not see that it has any advantages over the smaller amount.

Treatment of Bright's Disease.—At the second Italian Medical Congress held not long since, Prof. Semmola outlined the following treatment of Bright's disease: 1°. Patients should be given a diet, which is easily assimilated and the exclusive milk diet is the best. Nitrogenous food is dangerous in all stages of the disease. Milk acts not only as a diuretic, but as a typical food already half prepared. The milk should be continued for a very long time. 2°. Methodical stimulation of the cutaneous functions, by dry rubbing, massage, vapor baths. Cold hydrotherapy is forbidden. 3°. Iodide and chloride of sodium in progressive doses should be given. If in the course of two or three weeks at most the albumen has not completely disappeared from the urine, and this after the anasarca has completely subsided, substitute for the iodide of sodium either phosphate of soda, or small doses of hypophosphate of soda or lime, until forty-five grains or one drachm are taken in twenty-four hours. 4°. Employ, methodically, inhalations of oxygen.

Snuff for Convulsive Hysterical Cough.—Maurin recommends the following:

B	Pulv. Valerian Rad:.....	gr. xv.
	Pulv. Digital.....	gr. jss.
	Pulv. Sacchari.....	gr. xv.

M. Et divide in chart No. X. Sig.: Snuff one powder every hour.

If the cough comes on during the menstrual period, and if there be dysmenorrhœa, a teaspoonful of the following mixture should be given every two hours:

B	Ammon. Carbonat.....	gr. lxxv.
	Tinct. Opii.....	gtt. x.
	Decoct. Millefoli.....	ʒ iv.
	Syr. Safran.....	ʒ j.
	M.	

Injection for Leucorrhœa.—The following is recommended by Chéron:

B	Kali Chlorat.....	ʒ jss.
	Tinc. Opii.....	ʒ j.
	Aqua Picis.....	ʒ xxx.
	M.	

Two or three tablespoonfuls of this mixture are added to a quart of hot water and this is used as an injection. The injection should last five or six minutes and one taken morning and evening. It is efficient in causing a disappearance of the foetid order accompanying certain cases of endometritis, of polypi, of fibroids, of ulceration of the cervix, or of simple vaginitis.

PHYSIOLOGICAL AND PATHOLOGICAL NOTES.

Congenital Dislocations of the Hip.—The studies of Dr. Charles Seth Evans upon this subject lead him to state that (*Medical News*) as time has gone by, certain facts of a clinical and general nature have been tolerably well established in regard to congenital dislocations of the hip. These are: 1°. The malformation most commonly affects each hip, in the proportion of three or four to one. 2°. It is much more frequent in the female than the male sex. 3°. The most usual form of dislocation is upward and backward on the dorsum ilii though other dislocations do occur, such as directly upward, upward and forward upon the pubes, or into the sacro-sciatic notch. 4°. The affection is distinctly hereditary. 5°. Many cases are associated with other deformities, such as congenital dislocations of other joints, but more especially with malformations due to a lack of development, or a failure of one of the body cavities to close—such as spina bifida, ectopia vesicæ, and meningo-encephalocele. 6°. The deformity is first noticed when the child begins to walk.

The Relation of Growth of the Body to its Organs.—From an analysis of a large number of observations made in the Pathological Institute of Munich, K. Oppenheimer makes the following deductions, (*Jour. Am. Med. Ass.*): 1°. The bodily weight reaches its highest relative standing earlier in females than in males. The weight of the adult man is about twenty times as great as at birth; that of the adult woman eighteen times as great. The length of the body reaches its highest relative point in man at the age of 15 years, when it amounts to 158 cm.; in woman the highest relative point is reached at the same age and amounts to 153.6 cm. 2°. The growth of the lungs surpasses that of the body as a whole at nearly all periods, and especially at the middle period of growth. 3°. The heart increases approximately in proportion to the entire body. 4°. The spleen and kidneys increase proportionately with the heart. 5°. The liver and notably the brain do not develop proportionately with the body. 6°. The relative lack of development in the liver and brain is compensated by the rapid relative increase of fat and muscle, particularly the latter.

Inosite in the Urine.—The importance of finding sugar in urine which really contains it is dwelt upon by Dr. William S. Disbrow (*Med. and Surg. Reporter*). When glucose is in small quantity the presence of inosite may mask it. The author's conclusions may be summed up as follows: 1°. That the greenish coloration and precipitate, often found in the examination of urine for glucose by Fehling's solution, and by some good authorities said to be due to this sugar, is now known to be open to a different interpretation. 2°. The substance which gives this reaction has been shown to be inosite or muscle sugar, another of the same group of sugars, which has been found in the human body under varied circumstances of health and disease. 3°. The reduction of cupric oxide is necessary as a definite reaction for the determination of glucose, while this reaction never occurs in the presence of inosite. 4°. The importance of the presence of glucose, as an indicator of disease, and the non-importance of inosite, makes it absolutely necessary that they should be differentiated at all times.

DISEASES OF WOMEN AND CHILDREN.

Epithelioma of Clitoris.—At the late meeting of the British Gynæcological Society, Dr. Edis showed a specimen which he had removed from a single woman, æt. forty-three (*Provincial Med. Jour.*). Two years before she had complained of severe irritation about the meatus urinarius, sometimes accompanied by pain on passing water, which, however, was not unduly frequent. During the last three weeks there had been a slight discharge from the growth. He caught hold of it with a pair of vulsella forceps, and then removed it in its entirety by means of a Paquelin cautery, being careful to avoid touching the tissues that were implicated. The haemorrhage was nothing to speak of. The wound was stuffed with iodoform gauze, and the patient made a good recovery.

Puerperal Mastitis.—In a paper on inflammation of the breast and its treatment by elastic pressure (*Dublin Journal of Medical Science*), Mr. Andrew J. Howe concludes that: 1°. Mastitis is rarely seen, except in patients who have suffered from fissured or crushed nipples, and is the result of infectious matter gaining entrance. 2°. That, as a rule, the secretion of milk continues only while the natural stimulus, as nursing or other means, continues to be employed. 3°. That the secretion of milk, either in the normal or inflammatory state, begins to abate when such stimulus is withdrawn, and will entirely cease after a week or two. 4°. That in all cases of threatened or inflamed breast, well regulated pressure by means of an elastic bandage should be applied, and no attempt should be made to nurse or withdraw the secretion until the entire subsidence of the inflammatory movement.

The advantages of the elastic bandage over an ordinary roller are: 1°. It is easier of application. 2°. The pressure is more uniform. 3°. It is not so likely to slip. 4°. It is more comfortable to the patient, as requiring much less material. 5°. It is not necessary to apply it over the shoulders.

Ruptured Parturient Uterus.—Dr. Charles A. L. Reed reports two cases of ruptured parturient uterus in the *New York Medical Journal* and his limited experience leads him to conclude as follows: 1°. In cases of rupture of the uterus, with the head presenting, delivery by forceps should be attempted, but should be abandoned if not found easily prac-

ticable. Turning should not be undertaken, but the case should be at once recognized as one for either the Caesarean or Porro operation. 2°. In cases of ascertained incomplete rupture, treatment should be by antiseptic irrigations and rest. 3°. All cases of ascertained complete rupture should be submitted to abdominal section so soon as the condition of the patient with reference to shock will admit, for the following purposes—viz. 1° to explore the abdomen, 2° to remove all foreign bodies, 3° to cleanse the peritonæum, 4° to close the rent if the labor has been short and the uterus not seriously damaged, and 5° to remove the uterus if the labor has been long and the uterus seriously damaged.

SURGERY.

Abscess of Anterior Mediastinum.—Dr. Bousquet reported a case of abscess of the anterior mediastinum at the late meeting of the French Surgical Congress. It produced a swelling at the right lateral portion of the neck. An incision was made back of the sterno-mastoid muscle and a drain established through this opening. The reporter stated that in his opinion, as these are cases very slow to cure there would be an advantage in trephining the sternum and allowing the abscess to drain in this manner, which is, after all, the route adopted by the process.

Radical Cure of Exstrophy of the Bladder.—Dr. Segond stated at the International Congress of Surgery that the fact should never be forgotten that the majority of the operative procedures have for their object the formation of a reservoir for urine. The consequence is that walls are formed which are unaccustomed to urine and calculi result. Sonnenburg has proposed the removal of the bladder and the suture of the ureters in the penile canal. The urine then escapes by the meatus. The patients have a reservoir and do not emit any smell. This has suggested the following operation to M. Segond: While performing the above operation, in 1888, the idea occurred to him to turn down the dissected bladder, to lift up the prepuce and suture it to the raw surface. The patient was provided with a urinal and did well. In a second case in which an autoplasty was performed, calculi occurred. A second operation like the above resulted favorably. While

the operation is not dangerous, care should be taken: 1°. Not to injure the ureters which will be found dilated. 2°. Avoid cutting the bladder too near to the ureters.

Treatment of Gangrene of Intestine.—In concluding a paper on the Treatment of Hernia (*Medical Record*), Dr. Joseph D. Bryant states that in the operative treatment of gangrene of the intestine by the radical method, rapidity, thorough antisepsis, and complete familiarity with the technique of the steps of enterorrhaphy are of most vital importance, so important in fact, that the operation should not be attempted except by the best skill at command. It is far better for a patient that an artificial anus be made even with unfavorable prospects than that immediate radical measures be attempted by those not familiar with their surgical technique, since it may soon be possible to secure the necessary skill. The following conclusions appear to be properly deducible from the preceding statement. 1°. When gangrene of the intestine has taken place and the condition of the patient will permit, intestinal repair should be practiced at once, and the gut returned to the abdominal cavity. 2°. When gangrene has occurred, presumptively involving a portion of the upper two-thirds of the intestine, intestinal repair should be practiced at once, and the gut returned to the abdominal cavity, even if the immediate result of the operation be somewhat doubtful. 3°. When gangrene has occurred and the condition of the patient will not permit immediate operation, a temporary artificial anus should be formed. 4°. It is better to form an artificial anus, under all circumstances, when the medical attendants are not familiar with the details of intestinal surgery. 5°. Division of the constriction is not always necessary, and is often unwise when the formation of an artificial anus is contemplated.

Intestinal Anastamotic Operations with Segmented Rubber Rings.—At a recent meeting of the Southern Surgical and Gynæcological Association at Nashville, Dr. A. V. L. Brokaw of St. Louis, Mo., read a paper entitled, "Intestinal Anastamotic Operations with Segmented Rubber Rings, with some Practical Suggestions as to their use in other Surgical Procedures." The paper considered in detail the results obtained in an experimental study of all the anastamotic operations, and an original technique and application of Segmented

Rubber Rings in such operations as, Gastrostomy and Duodenocholecystotomy, Jejuno-cholecystotomy, Ileocolostomy and Circular-enterorrhaphy. Reference at length was made to the author's success in closing very large wounds of the intestines, by the use of a single segmented rubber ring, formed of eight short sections of tubing. The ring being introduced into the intestines, is bent evenly upon itself and the apposition threads being tied, perfect, safe closure of the very largest wound is accomplished without stenosis following. The ring devised by the author is very simply constructed by passing

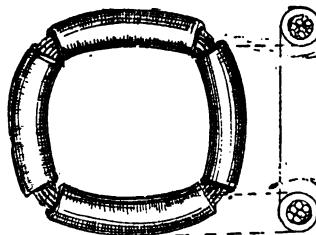


Fig. 19. Segmented Rubber Ring.

a doubled strand of catgut continuously through from four to eight short sections of rubber drainage tubing of a diameter from one-sixteenth to one-fourth of an inch. To the catgut within the rubber sections are tied the apposition threads. The segmented rubber rings are applied in the anastomotic operations in the same manner as Senn proposed, in the use of his bone plates. The advantages of segmented rubber rings over other procedures and devices, is the rapidity with which they may be made, during an operation if need be. In the absence of proper tubing, pieces of catheter could be substituted. For the closure of small wounds in the intestines a new suture was proposed. Short rods of decalcified bone one-sixteenth of an inch in thickness, one-fourth of an inch in width, are perforated at points less than half an inch apart for the passage of the apposition threads which are attached in this manner; a strand of chromatized catgut or well prepared juniper catgut is doubled and a single knot made in the middle of this doubled catgut strand (silk may be used if preferred), the loop and end threads are passed through the small openings, made in the decalcified bone rods. Each thread and loop is threaded to separate needles, the rods introduced in the wound in the bowel, the needles passed from within out-

ward less than a quarter of an inch from the wound margins, and the loops and single threads tied in pairs. For this method was claimed accurate, rapid and safe closure of small wounds of the intestines. The author preferred a segmented rubber ring in the closure of large wounds.

A description of two new wholly absorbable apposition rings was given, which had experimentally shown most excellent results. One was formed by decalcifying the long bones of chickens and young animals. The process of decalcifying being the same as for making bone drainage tubes. With short sections of bone so prepared and a double strand of catgut the rings were made in a manner similar to the described segmented rubber rings. The second wholly absorbable ring was made of short sections of the arteries of large animals. After dissecting the arteries up from their sheaths, they are cut in short segments, boiled five minutes, and in the lumen of each section is pushed a glass rod and they are then immersed in alcohol for a few days. When the rods are withdrawn the hardened artery tubes are ready for use. With four to eight short sections of arteries so prepared, approximation rings are easily made by passing a double catgut strand continuously through the lumen as described previously. These rings serve their purpose admirably, are very easily made, give a good-sized aperture and are entirely absorbed in a few days. Experiments were made upon over fifty dogs by the above methods.

Book Reviews.

The Annual of the Universal Medical Sciences. A Yearly Report of the Progress of the General Sanitary Sciences throughout the World. Edited by CHARLES E. SAJOUS, M. D., and Seventy Associate Editors, assisted by over Two Hundred Corresponding Editors, Collaborators and Correspondents. Vol. I.-V. 8vo. Illustrated with Chromo-Lithographs, Engravings and Maps. [F. A. Davis, Publisher, Philadelphia, New York and London. 1889.

The present issue of the Annual is the second, and we are pleased to note that there has been a marked improvement in this valuable publication. The work has been conscientiously

done, for the main part, although we note here and there that some important items are omitted. A feature which strikes us forcibly is the small force of Western talent which has been included in the staff of associate editors. Thus, there are two from Cincinnati, two from Chicago and one from Milwaukee, this comprising the entire list.

The new features which have been introduced in this year's Annual are the following: 1°. Foreign weights and thermometric measurements have been reduced to those generally used in this country. Grammes have been reduced to ounces, drachms, grains, etc., and Centigrade degrees to Fahrenheit, both appearing side by side. 2°. The dates of all journals referred to are mentioned in the text, thus greatly facilitating research. 3°. An index has been added to each volume, besides the complete triple index at the end of the entire work. 4°. The "Therapeusis" Column of the index, presenting a *résumé* of all remedial measures introduced or recommended during the year, contains 48 pages more matter than the first issue. 5°. Dosage not furnished by the original author, and therefore not to be found in the text, has been inserted by the editor of the *therapeusis* column. 6°. Instead of being 54 pages in length, as last year, the index is 101 pages long in this issue. 7°. Four thousand quotations more than last year, received principally through the corresponding staff, increase in proportion the value of the work. 8. The practical worth of each article has been increased by giving a careful description of treatment, operations, etc., and by the reductions in weights, thermometric measurements, etc., mentioned above. 9°. Two departments have been added—"Examination for Life Insurance" and "Railway Neuroses"—subjects of great importance to a large proportion of the profession. 10°. The volumes have been made less clumsy, notwithstanding the greater amount of matter presented, by closer calendering of the paper, and avoidance, as much as possible, of all blank spaces and repetitions in the text.

Taken, all in all, we cannot but congratulate both the Editor and Publisher upon the thorough manner in which they have done their work and the elegant appearance presented by the volumes issued. Of their value to the practitioner, who wishes to keep abreast of the times, there is no

doubt. There is, in addition, the advantage of having carefully edited matter and many original contributions not accessible in general literature.

A Treatise on the Science and Practice of Midwifery.

By W. S. PLAYFAIR, M.D., LL.D., F.R.C.P. Fifth American from the Seventh English Edition. With Notes and Additions by Robert P. Harris, M. D. 8vo. pp. 671. With Five Plates and Two hundred and Seven Illustrations. [Philadelphia: Lea Brothers & Co. 1889. Price, cloth, \$4.00; leather, \$5.00.

Playfair's Midwifery is one of those books which we naturally expect to find in the library of every physician, whether he be a reading man or not. It is a work which has enjoyed a steady corps of readers and we have never had any occasion to hear it spoken of except in terms of the highest praise. The fact that it has gone through seven editions at home and through five in this country is sufficient evidence of its popularity and value.

The American edition, issued by the Leas, has rather the advantage of the English from the fact that it has been very carefully edited and a large number of additions made. Certain omissions have also been supplied by the editor, who has done his work in a thorough and conscientious manner. The work has been somewhat Americanized so as to adapt it more thoroughly to the wants of students who are studying under American obstetricians.

It is four years since the last American edition appeared, and the present edition was called for, more especially, as since 1884 great improvements have been made, more especially in the operative procedures connected with midwifery. For instance, the Porro operation has fallen in its rate of mortality from 58 to less than 20 per cent., and the Conservative or Improved Cæsarean from 45 per cent. to a general average of 20 per cent., and for Continental Europe, of 12.

A feature of the work is that the obstetric nomenclature, adopted at the International Medical Congress, held in Washington in 1887, has been introduced in this edition. Some portions of the work have been re-written and a number of new illustrations added.

We can heartily recommend the work to all who have any obstetric practice, as they will find the teachings in this work sound and reliable.

The Leas have gotten up the work in their usual excellent style of typography.

A Clinical Atlas of Venereal and Skin Diseases, including Diagnosis, Prognosis and Treatment. By ROBERT W. TAYLOR, A.M., M.D. Parts VII and VIII. Royal 4to, with plates and illustrations. [Philadelphia: Lea Brothers and Co. 1889. Price, \$2,50 each part.

The two parts before us conclude this valuable and interesting atlas. The author has exercised a nice sense of discrimination in the choice of his plates and presented such as he considered illustrative of typical examples of cutaneous diseases. The text as we have already had occasion to say is lucid, clear and to the point. The author has endeavored to simplify his subject without sacrificing any useful details or omitting helpful points. Part VII opens with Scabies, illustrated by wood engravings and a plate. In this latter the cuniculi are not shown; this, however, being doubtless due to the fact that they are exceptionally observed in this country. Miliaria and dysidrosis are next considered and illustrated, impetigo contagiosa and eczema from lice being then taken up. In the case of contagious impetigo a better picture of the disease would have been afforded, had the hands been shown in connection with the face. The eruptions of iodine and of bromine origin are illustrated in plate XLIX, the next one being a picture of sycosis. This latter is below par and does not give a clear conception of the disease. Molluscum epitheliale and ichthyosis are well illustrated, as also leprosy which finishes this part. The color of the lesions in leprosy could have been made a little darker with benefit.

Part VIII which terminates this Atlas opens with a beautiful plate illustrative of lichen planus, that of lichen ruber being equally meritorious. A number of photo-engravings throughout the text render this portion of the last part invaluable. Being taken from the author's cases we have an opportunity of comparing native work with copies of foreign, and we are decidedly in favor of the former. Lupus vulgaris, molluscum fibrosum, scleroderma, acne rosacea, rhinoscleroma, elephan-

asis, leucoderma, chloasma, alopecia areata, keloid and xeroderma pigmentosum are the remaining affections treated of. This Part closes with a full index, a well arranged table of contents and an elegant title page.

The entire work is one upon the completion of which both the author and publishers have reason to expect congratulations. The one for the able manner in which he has done his work, the other for their enterprise and liberality in producing a work which, typographically, is without a flaw and presenting at the same time an elegant appearance. O.D.

Literary Notes.

The Pacific Medical Journal announces that, with the year 1890, its subscription price will be \$2.00 per annum in advance.

Dr. P. Meniere has resigned the management of the *Gazette de Gynécologie*, published in Paris, France, on account of ill-health. Dr. Phillippeau is his successor.

The Cincinnati Medical Journal is no longer edited by Dr. A. B. Thrasher. He has been succeeded by Dr. H. Longstreth Taylor, who will henceforth occupy the tripod.

The Country Doctor is the title of a new medical journal which is announced to appear January 1, 1890. The editor will be Dr. J. T. McColgan, of Arcot, Tenn., and will be, presumably, issued from that place.

La Riforma Medica, the daily medical journal, published at Naples, received the first prize in the section of medical publications at the Hygienic and Medical Exposition held at Padua.

The Index Catalogue of the Surgeon-General's Library which was lately issued is the tenth volume of that invaluable publication. It contains references from O to Pfutsch. The present volume includes 7,658 author's titles, which represent 2,905 volumes and 7,282 pamphlets. It also includes 14,265 subject titles of separate books and pamphlets, and 29,421 titles of articles in periodicals. Besides this, this volume is

particularly valuable as it contains the names of, and other information concerning all the medical periodicals and transactions which are contained in the library.

The National Magazine for December will contain an interesting article by Prof. Schele de Vere of the University of Virginia, entitled "A Chat about Numerals" giving many curious historical facts. Quite a noteworthy contribution to the poetic literature of America will be "The Nativity; a Christmas Carol" by F. W. Harkins, Chancellor of the National University of Chicago, whose Shakespearean essays are continued in this number. "The University Extension System of England" will prove a timely article; being supplemented by a description of a benevolent society for similar work lately organized in Chicago with headquarters at 147 Troop St., called "The University Extension and Home Culture Society." This scholarly magazine is the cheapest of our monthlies, being only \$1.00 per year. Sample copy 10 cts. Published the first of each month by the National University of Chicago, whose novel teaching by mail will be described in this number.

Scribner's Magazine for December is a Holiday number of striking beauty and attractiveness in its illustrations, and the text of the articles will appeal to the fancy and sympathy of readers, rather than to their desire for instruction in practical affairs. With the exception of the fourth installment of Harold Frederic's serial, each article is complete in this issue. The contents include a sympathetic study of life in the poorest quarters of New York's tenements; a vigorous end paper, sure to provoke discussion, by Edward J. Phelps, Esq., ex-Minister to England; a genial and discriminating review of the whole field of American humorous drawing, by J. A. Mitchell, the founder and editor of *Life*; another story by Mr. H. C. Bunner, editor of *Puck*, whose "Zadoc Pine," and "Squire Five-Fathom," in previous Christmas issues, will be recalled; a vivid and picturesque account of some characteristic Breton festivals; and a sunny picture of life and eccentric character on some of the least frequented of the Bahama Islands.

Books Received.—The following books have been received from publishers during the past month. They will be reviewed in forthcoming numbers of the JOURNAL:

A Text-book of Animal Physiology, with Introductory Chapters on General Biology and a full Treatment of Reproduction. By Wesley Mills, M. A., M. D. 8vo., pp. 700, with over 500 illustrations. [New York: D. Appleton & Co. 1889. St. Louis: Jno. L. Boland Book Co. Price, \$5.00

A Clinical Atlas of Venereal and Skin Diseases, including Diagnosis, Prognosis and Treatment. By Robert W. Taylor, A. M., M. D. Parts VII and VIII. Royal 4to, with plates and illustrations. [Philadelphia: Lea Brothers & Co. 1889. Price, \$2.50 each part.

Laparo-Hystéropexie contre le prolapsus utérin (Nouveau traitement chirurgical de la chute de l'utérus) par Paul Dumoret. 8vo., pp. 168. Paris: Progrés Médical. 1889. Price, 3 francs, 50c.

Medical Communications of the Massachusetts Medical Society, Vol. XIV. No. IV. 1889. pp. 319-594.

Chemistry: General Medical and Pharmaceutical, including the Chemistry of the U. S. Pharmacopœia, Twelfth Edition. By John Attfield, F. R. S. 8vo., pp. 770. [Philadelphia: Lea Bros. & Co. St. Louis: Simpson & Co. 1889. Price, Cloth. \$2.75; Sheep, \$3.25.

Pamphlets Received.—The following pamphlets have been received during the past month. Thanks are hereby returned to the authors: Reformation in the Practice of Medicine by the Dosimetric Method of Practice, with Biographical Sketch of Dr. Ad. Burggräve, by J. E. MacNeil, M. D. (Revised and Reprinted from the *Dosimetric Medical Review*, July 1889); Practical Notes on Urinary Analysis, by William B. Canfield, A.M., M. D. (Reprint from the *Maryland Medical Journal*, 1887); A Year's Experience with Apostoli's Method, with Reports of Cases, by A. Lapthorn Smith, B.A., M.D. (Reprinted from *American Journal of Obstetrics*, for August, 1889); Urinary Calculus and Lithotomy, by Thos. W. Kay, M. D., (Reprinted from the *Maryland Medical Journal*, of March 16, 1889); Announcement of Medical Department of University of Wooster for 1890; Modern Sanitation, Some of its Fallacies and Relations to the Zymotic Diseases, with especial reference to the defects of our so-called Modern Improvements, by Prof. G. Frank Lydston, M.D. (Reprint from the *Personal Rights Advocate*); The Decimal System of Writing Prescriptions, by C. H. Merrick, M.D. The Education of Girls

from a Medical Standpoint, by Edward W. Jenks, M.D., LL.D. (Reprint from the Transactions of Michigan State Medical Society, 1889.); Studies in Intestinal Surgery, by Wm. B. Van Lennep, A.M., M.D., (Reprinted from the *Hahnemannian Monthly*, Vol. XXIV, No. 10, October, 1889.); The Value of Creosote in Fifty Cases of Disease of the Air Passages, by William Perry Watson, A.M., M.D. (Reprinted from the *Virginia Medical Monthly* for October, 1889.); Atropine in Enuresis, by Wm. Perry Watson, A.M., M.D., (Reprinted from the *Archives of Pediatrics*, October, 1889.); The Value of the Electrical Methods employed for the Resuscitation of Persons who have ceased Breathing, by H. A. Hare, M. D., and Edward Martin, M. D., (Reprinted from the *University Medical Magazine*, November, 1889.); Experiments to Determine the Value of Oxygen in the Resuscitation of Animals poisoned by C O or ordinary Coal Gas, by H. A. Hare, M. D., and Edward Martin, M. D. (Reprinted from the *University Medical Magazine*, September, 1889.); Overstrain and Under-Power of Brain, by C. H. Hughes, M. D., (Reprint from the *Alienist and Neurologist*, October, 1889.); Fourth Annual Announcement of the Chicago Policlinic Session 1889-90; A Case of Modified Laryngectomy for Epithelioma of the Larynx; Recovery, by George R. Fowler, M. D. (From the *American Journal of the Medical Sciences*, October, 1889.); Highway Improvement, An Address, by Col. Albert A. Pope.

Melange.

The Chinese Government is about to establish a medical service for its army and navy.

The First Medical Degree ever conferred upon an American woman was given in 1849.

Austria is the only civilized country which prohibits women from practicing medicine.

The President of the next international medical congress is Rudolph Virchow; the Secretary is Dr. Lazar.

The Charite, of Berlin, so well known as a medical school is to have extensive additions among which will be a new polyclinic.

The Ohio State Sanitary Association held its seventh annual meeting in Dayton, November 21 and 22 last.

A Chinese Leper, for some time an inmate of the King's County Hospital, Brooklyn, has been sent back to China.

The Female Practitioners in this country number, according to the *Boston Post*, 3,000, while the *Maryland Medical Journal's* estimate is 2,600.

The International Medical Congress, which is to meet in Berlin next year, has been made a grant of 80,000 marks (\$20,000) by the German Government.

Death from Ether Inhalation lately occurred in Bellevue Hospital. While the coroner's jury adjudged the death to be due to asphyxia, Dr. Duncan is of the opinion that heart failure was the cause.

The American Lancet expresses a hope that all State societies will enact as one of the conditions of membership, the continuous membership in a local society, as has been done by the California State Medical Society.

A Young Man has brought suit against the city of Philadelphia because he was sent to the Municipal Hospital as a small-pox patient, the disease he was suffering from being measles. He contracted small-pox, however—having been subjected to infection—and he now claims that his health is ruined and that he is crippled for life.

The Prince Edward Island Medical Association organized lately and elected the following officers for the ensuing year: President, Dr. R. Johnson, Charlottetown; 1st Vice-President, Dr. McLaren, Brudenell; 2nd Vice-President, Dr. McKay, Summerside; 3rd Vice-President, Dr. McLeod, Charlottetown; Secretary, Dr. S. R. Jenkins, Charlottetown; Treasurer, Dr. F. D. Beer, Charlottetown.

Dr. Hammond's Sanitarium.—We learn by private letter that Dr. William A. Hammond of Washington, D. C., now has a larger number of patients in his sanitarium for the treatment of mental and nervous diseases than ever before in the history of the institution, although he opened about a year ago with more than half the rooms occupied in his immense new building. Dr. Hammond is conducting a number of ex-

periments in the treatment of epilepsy by localizing the brain lesion, trephining and paring the convolutions. He will publish the result of his experiments in the near future.

Holland is claimed as the birthplace of the microscope. Dr. J. Vander Laan in a letter to the *Journal of the American Medical Association*, says: Zacharias Janssen, to whom belongs the credit of constructing the first *compound* microscope (the simple microscope was known previous to that time), was not a German but a *Hollander*, born and reared at *Middelburg*, the capital of the province of Zeeland, one of the eleven provinces of the United Netherlands. Germany and the Germans seem particularly anxious to monopolize the credit of most of the *useful* inventions—now they lay claim to the invention of the microscope. “Honor to whom honor is due.”

Dr. Adolph Wislizenus.—We extract the following from the *London Lancet*, which shows how well known our late fellow townsman was: “The Romance of Medicine” might well claim as one of the heroes this octogenarian practitioner, who died at St. Louis, U. S., at the close of last month. Dr. Adolph Wislizenus was born in 1810 at Dornfeld, in Thuringia, and at the usual age left the gymnasium for the university, to qualify for the medical career. He studied at Göttingen, at Jena, and at Würzburg, until shortly before graduation, he became compromised in the famous “Frankfurter Attentat” and had to flee the country.

In the spring of 1833 a conspiracy had been formed in Frankfurt-on-the-Main to avenge itself on the Federal Diet, which by its severely restrictive press laws had roused the citizens, particularly the younger portion, including many students in the several faculties, to something little short of madness. In this conspiracy Adolph Wislizenus, with Matthias and others of the medical *Burschenschaft*, took a leading part—the design being to blow up the Diet. On April 3rd, 1833, the attempt was made. The guardhouse was carried by storm, and the conspirators were within an ace of effecting their purpose when the military appeared in the nick of time, arrested nine of the youths, and put the others to flight. Among those who, after hair-breadth escapes, eluded the emissaries of the law was young Wislizenus, who found his way to Switzerland, where at the University of Zurich he re-

sumed the broken thread of professional study. He graduated with distinction, and in 1835 proceeded to the United States. Ultimately settling in practice at St. Louis, he rapidly formed an extensive *clintèle*, of which his compatriots were the nucleus, and realized a handsome income, which enabled him to give time to pure science and also to travel in and beyond the States. He made memorable visits to Mexico and the Rocky Mountains, and published most interesting records of his observations and experiences. By all classes he was looked upon as an enthusiastic and large-minded reformer, an honest and benevolent survivor of the "Vor Achtundvierziger" men—as the precursors of the revolution of 1848 are familiarly called, and steps, we understand, are being taken by the German colony, not in St. Louis only, to perpetuate by some suitable memorial his name and his life record.

Alkaline Methylene Blue.—The *American Monthly Microscopical Journal* for September, says: "The alkaline preparation of methylene blue is undoubtedly the staining fluid most universally employed in staining micro-organisms. With it bacteria are very satisfactorily stained either in cover-glass preparations made directly from animal tissues, cultures, or other germ containing material, or in sections of animal tissues that have previously been hardened in alcohol.

There are two preparations, the weak (Koch's) and the strong (Löffler's). The weak solution is prepared as follows: Concentrated alcoholic solution of methylene blue, 1 c.cm., 10% solution of potassium hydrate, 2 c.cm., distilled water, 200 c.cm.

The strong solution is the one to which special reference is made. It is prepared by taking concentrated alcoholic solution of methylene blue, 30 c.cm., 1% solution of potassium hydrate, 1 c.cm., distilled water, 99 c.cm.

Cover-glass preparations are sufficiently stained in this solution in from 1 to 5 minutes, and sections in from 3 to 20 minutes, according to the tissue. Epithelial cells, nuclei, granules of granular corpuscles and white blood corpuscles are stained as readily as the germs themselves, while connective tissue fibres are very slightly stained, and the red blood corpuscles are not stained at all with this agent; thus, in a section of stomach or intestine stained with it the mucous membrane, together with the bacteria, will be stained a deep blue color,

while the sub-mucosa and muscular coat will be very feebly tinted.

If the preparations should, at any time, be overstained, they can be readily decolorized by a momentary immersion in a weak ($\frac{1}{4}$ of 1%) solution of acetic acid. Methylene blue is much less liable to over stain preparations than other basic aniline dyes, and if it is consequently to be made use of for any reason decolorizing agents should not be employed.

The technique in the use of this stain is very simple, and differs in no way from that of ordinary staining fluids. After staining, sections should be washed in weak alcohol, then transferred to stronger, and, finally, cleared in turpentine, xylol, or cedar oil and mounted in balsam. Cover-glass preparations are washed in water, and allowed to dry in the air until completely dessicated, when they are also ready for mounting."

Physicians as Financiers.—The *Cincinnati Medical News* says that physicians are generally admitted to be exceedingly poor financiers. There is probably no class of men who realize so little financially from their labors. Persons are often astonished in how straitened circumstances many physicians, who were known during life to have had large practices, on dying, leave their families. They lived moderately; indulge in no luxuries; yet, after all debts have been paid, there will be left to the families of each one probably only a very unspectentious dwelling. For the last twenty-five or thirty years efforts have been made to simplify the business books of physicians, so that as little time as possible would be required for a medical man to enter his charges and keep something like a systematic account of his business. It has been found impossible for one engaged in the active practice of medicine to keep what is called a day-book, a cash-book, and a ledger, for with such a set of books, oftentimes not having time to enter any charges for two or three days, he will frequently forget many items. Then, again, frequently he will let his ledger go unposted for weeks and months, and when called upon to make out a bill he will in consequence not be able, and will be under the necessity of asking the applicant to call again.

Mutual Autopsy Society.—A writer in the *New York Herald* says of the late French general Faidherbe, one of that

small number of French general officers who in the last war between France and Germany won a battle and came out with a fair measure of fame, that he had in his day been a member of a mutual autopsy society, (*Boston Med. and Surg. Jour.*) and as such had made a contract by the mere fact of membership that his body should be delivered at his death for post-mortem inquiry. And, therefore, while all others were filled with lamentation forth came M. Laborde and claimed the body of the dead general. This was the first that Mme. Faidherbe had ever heard of the existence of the society or of the general's relation to it, and she was shocked at the suggestion, and objected vigorously. As the surgeon possessed all the manly and gentle sentiments of his craft, he yielded the question of right to the natural sensibilities of the bereaved lady, and so the general was buried in debt to the society. There is some scientific reason to regret that the autopsy was not made. General Faidherbe had locomotor ataxy, and had been a victim of the malady for forty years. Dr. Charcot says that the malady had never before been observed in one person for so long a time. The observation of the condition that arrested the progress of the disease might have been of benefit to humanity.

The New German Pharmacopœia.—In October the Reichs-Pharmacopœie Commission (Imperial Pharmacopœia Commission) met in Berlin to frame a third edition of the *Pharmacopœia Germanica*, so as to have the work completed for 1890 (*Medical News*). The scientific discoveries or inventions, and the practical experiences made known in *materia medica* since the publication of the second edition, will in this forthcoming one be incorporated and rendered available. At the same time it will not undertake, any more than its predecessors, to set forth all those remedial agents which individual German physicians have prescribed and apothecaries have made up. In the preparation of these remedies, the most diverse rules and prescriptions have been followed, resulting in inconveniences and errors, sometimes serious to the public and compromising to the profession. To obviate or minimize this confusion, the German Apotheker-Verein (Society of Apothecaries) has resolved to issue a supplement to the forthcoming Pharmacopœia, which shall deal with all the remedies not given in the official dispensaries, and put the

prescriber *au courant* with the latest and most accredited additions to his resources, both as to chemical quality and preparation. The profits accruing to the Society from the sale of this supplement will, it announces, be devoted to a philanthropic purpose.

The Essentials of Success.—Sir Andrew Clark, who has achieved a professional reputation which is world-wide, had occasion, in a recent address, to give his views of what is required to make a man a successful physician (*Jour. Am. Med. Assn.*). In that address he used the following language:

Firstly, I believe that every man's success is within himself, and must come out of himself. No true, abiding and just success can come to any man in any other way. Secondly, a man must be seriously in earnest. He must act with singleness of heart and purpose; he must do with all his might, and with all his concentration of thought, the one thing at the one time which he is called upon to do. And if some of my young friends should say here, "I can not do that—I can not love work," then I answer that there is a certain remedy, and it is work. Work in spite of yourself, and make the habit of work, and when the habit of work is formed it will be transfigured into the love of work; and at last you will not only abhor idleness, but you will have no happiness out of the work which then you are constrained from love to do. Thirdly, the man must be charitable, not censorious—self-effacing, not self-seeking; and he must try at once to think and to do the best for his rivals and antagonists that can be done. Fourthly, the man must believe that labor is life, that successful labor is life and gladness, and that successful labor, with high aims and just objects, will bring to him the fullest, truest and happiest life that can be lived upon the earth.

Professional Cards in Newspapers.—The *Southern California Practitioner* stated that the convenience of having one's professional card in the daily paper can not be denied, it enables the regular patients to tell when they may find you at your office. It informs them of the number of your telephone, both at office and residence; and the column also furnishes an index of practicing physicians for the stranger.

Business Items.

The National Medical Exchange.—Physicians', Dentists', and Druggists' Locations and Property bought, sold, rented, and exchanged. Assistants, Substitutes, and Partners furnished. Business strictly confidential. Send two-cents stamp for the *Monthly Bulletin* containing terms and locations. Medical and Scientific Books supplied at lowest rates. Subscriptions and Advertisements received for all periodicals. Medical Printing, Engraving and Book-binding neatly and promptly executed. Correspondence solicited.

Address H. A. MUMAW, M. D., Orrville, Ohio.

Aletris Cordial in Threatened Miscarriage.—A. Rothrock, M. D., McVeytown, Pa., says: I have prescribed Aletris Cordial in a case of threatened miscarriage. The woman had had three miscarriages in five years. Some six weeks ago, she being in her fifth month of pregnancy, was attacked with haemorrhage, bearing down pains, and all other symptoms of threatened miscarriage. I prescribed Aletris Cordial, which subdued the haemorrhage, bearing down pains, and all nervous symptoms that foreboded the old trouble, and at this time she promises fair to go to full term.

Paris Exhibition.—W. R. Warner & Co. have received a silver medal at the Paris World's Fair, being the highest of its kind, in recognition of the following claims: 1°. W. R. Warner & Co.'s Pills, quick solubility and accuracy. 2°. Reliability and permanency unsurpassed. 3°. Perfection in coating, thorough composition and accurate subdivision. 4°. Excellence in solubility of the finished product in from four to six minutes. 5°. Quinine Pills, for accuracy in weight and purity of material.

Also for Warner & Co.'s Effervescent Salts.

1°. Superior effervescing properties. 2°. General elegance and excellence. 3°. Stability of the effervescing quality sustained by critical examination.

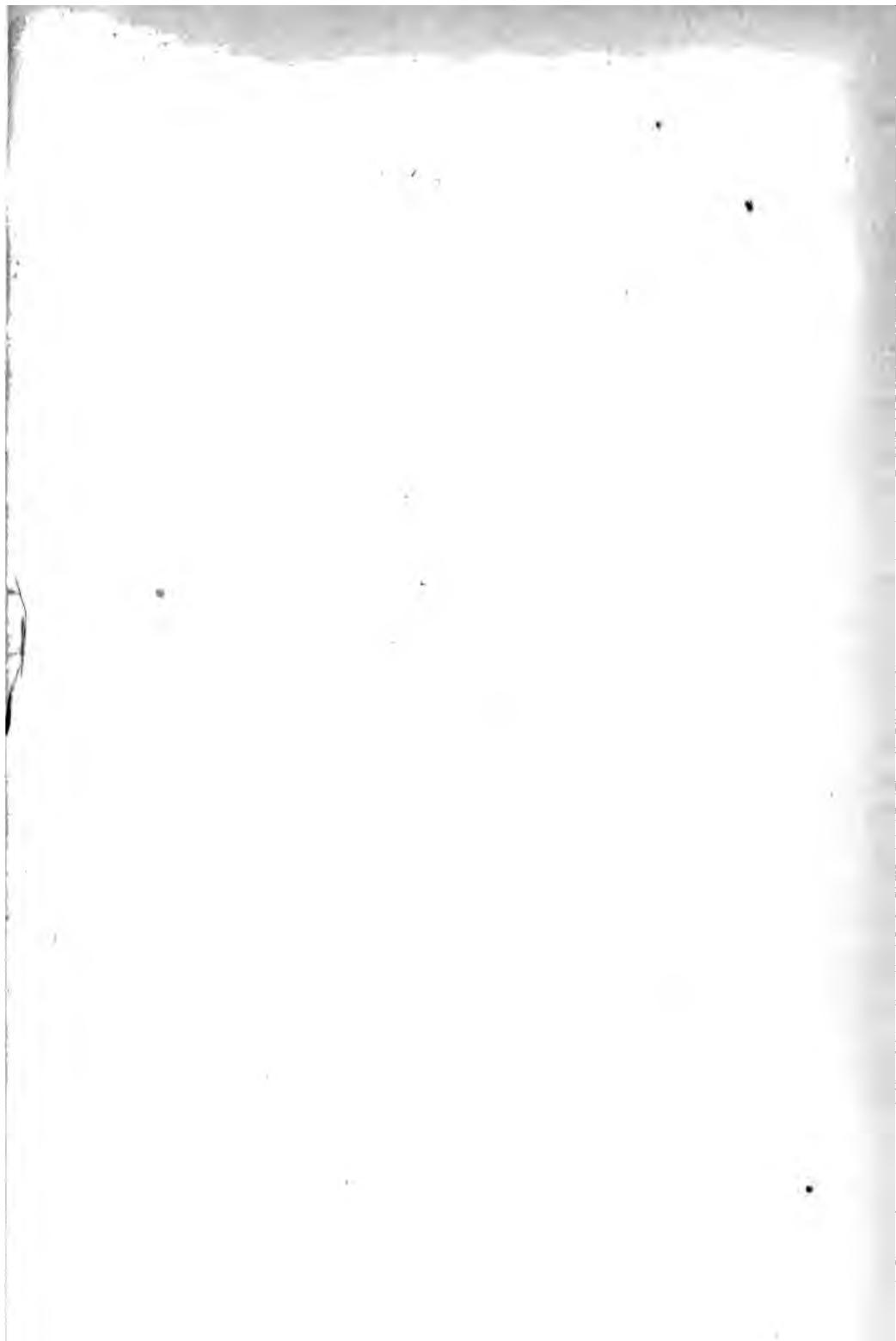
This is the thirteenth World's Fair Medal, which attest to their superiority. Physicians should be careful to specify Warner & Co.

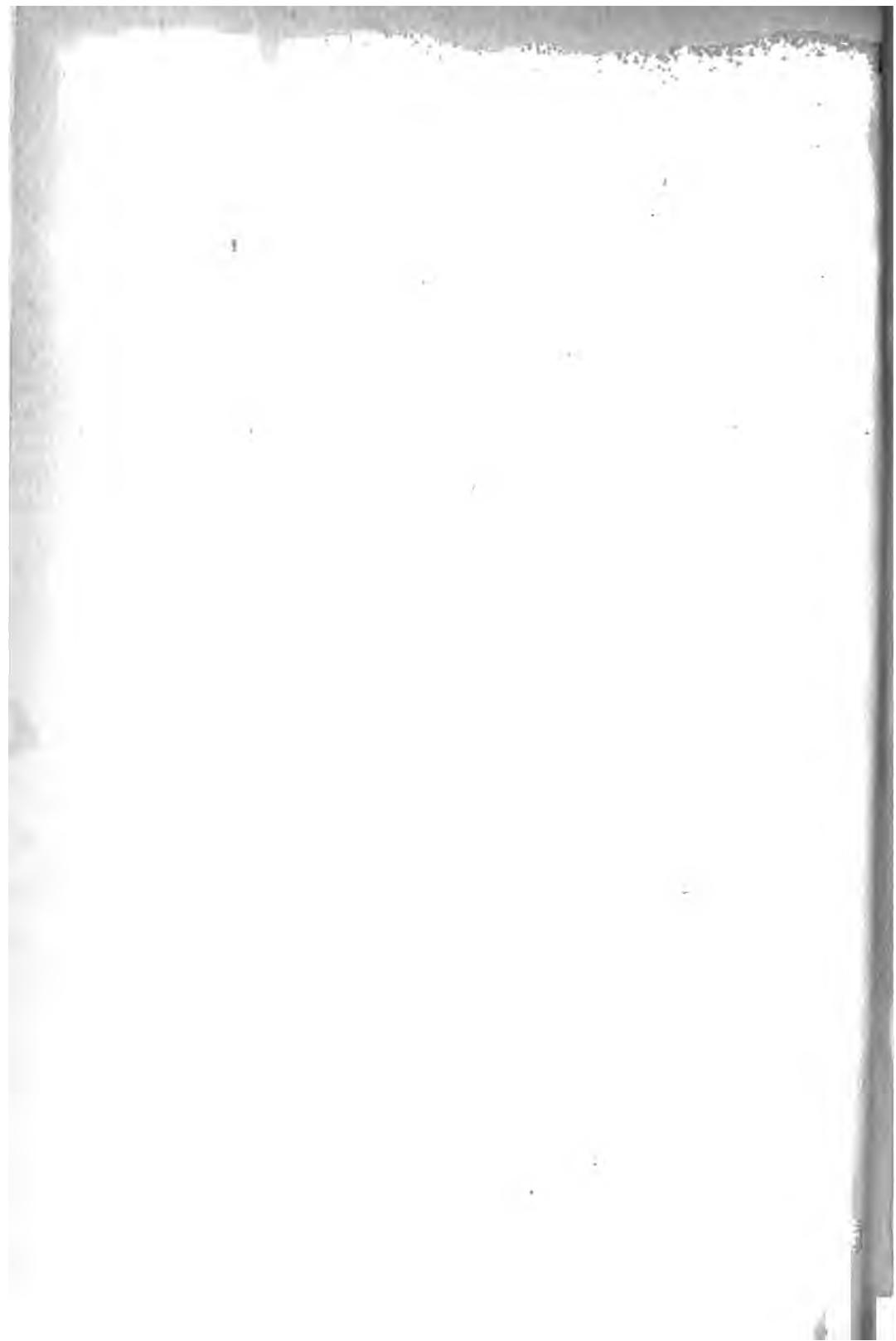
Cocaine Tablets.—These tablets are now largely used by careful physicians for extemporaneous preparation of any desired strength cocaine solution. The rapid deterioration of cocaine solutions make these tablets a necessity. To make a two per cent. solution of cocaine. In one fluid drachm of water dissolve one cocaine tablet one and one-eighth grain. To make a four per cent. solution of cocaine: In one fluid drachm of water dissolve one cocaine tablet two and one-fourth grains. To make a ten per cent. solution of cocaine: In one fluid drachm of water dissolve five cocaine tablets one and one-eighth grain; or dissolve two two and one-fourth grain and one and one-eighth grain tablets in one fluid drachm of water. Parke, Davis & Co. guarantee the purity and anæsthetic efficiency of their cocaine product and will send samples of their cocaine tablets to physicians if desired.

That a Well Developed case of hernia of long standing can be cured without operation may be surprising news to the profession. The percentage of cures by the use of Frink's Rupture Remedy and Frink's Electric Trusses is already high and continually increasing as physicians and surgeons adopt the treatment into their regular practice and secure the intelligent co-operation of their patients.

Fined for Counterfeiting Bromidia.—The *National Druggist*, of November 15, says editorially: "It is plain that judges as well as doctors differ. A dispatch from Kansas City, of October 28, announces that Charles Chadwick, O. R. Wyeth, L. A. Schoen, G. J. Schoen, C. F. Herrmann, Geo. Eysell, and Horace L. Roy, all druggists were brought before Judge Worthen, on that day, and each fined \$500 and costs for counterfeiting Bromidia."

The New Method of Treating Organic Stricture (Century Chemical Co., St. Louis) has been thoroughly and successfully tested by quite a number of prominent physicians, and it is now a demonstrated fact that the cures are *complete* and *permanent*. Microscopical examination of the "flakes and shreds," brought away by the medicine, has revealed the fact that its efficacy depends, mainly, upon "the transformation of fibrous tissues into their characteristic physiological elements of waste," the medicine thus acting in harmony with the *vis medicatrix Naturæ*.





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